

Albany Creek State School

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YEAR 6 CANBERRA TOUR – 2017

30 March 2017

Dear Parents/Caregivers,

Final arrangements for the Sydney/Canberra Tour are being completed and I wish to outline the following details for your information.

NUMBERS: 94 students will participate in the tour accompanied by Mrs Gayle Crooke, Mr Bill Pooley, Miss Kate Alcock, Mrs Natasha Porter, Mr Mark Wilson and Mr Danuel Manns.

TRANSPORT: We will be flying in and out of Sydney on Virgin Airlines. Macquarie Educational Tours will be transporting us to/from Sydney and Canberra and looking after us while in Canberra. (* A permission slip will need to be provided to the school if someone else collects your student from the airport upon our return).

FLIGHT TIMES:

DEPART BRISBANE	VA916	18 JUN	7.00AM	ARRIVE SYDNEY	8.35AM
DEPART SYDNEY	VA973	22 JUN	6.00 PM	ARRIVE BRISBANE	7.30 PM

ACCOMMODATION: Canberra- The Canberra Lakes Carotel
PO Box 21
Dickson ACT 2602
Phone: (02) 6241 1377

Email: groups@carotel.com.au

MEALS: All meals are provided throughout the trip. If your son/daughter has any special dietary needs please make particular note of it on the Medical and Consent form.

COST: The overall cost is still to be finalised but the next instalment is \$350 and is due by Tuesday 2nd May. Please see invoice attached.

Each child will receive a subsidy of \$60 which will bring the overall cost down. The invoice for the final payment then will be sent out early in Term 2, this payment being due by Tuesday 23rd May.

Payment can be made by cash, cheque, credit card, B-Point (see attached invoice for more information) or via the Q-Parents App.

PLEASE NOTE, AS PER THE TERMS AND CONDITIONS SET OUT BY THE AIRLINES, ANY CANCELLATIONS AFTER THE 15TH MAY 2017 INCURS A 50% FORFEIT OF THE AIR FARE TICKET PRICE PLUS A \$50 CANCELLATION FEE. CANCELLATION OF ACCOMMODATION AND BUS MAY RECEIVE A PARTIAL REFUND ONLY.

MEDICAL FORM: A Medical and Consent form has been attached for you to complete. We request that it is filled out and returned as soon as possible so we can complete our documentation. If your child is in need of medication during the trip and you have indicated this on the form, you will receive an Education Queensland form prior to our departure. It is a mandatory additional requirement for all such paperwork to be completed.

GENERAL: We have also attached a list of items/clothes to bring.


A Parent/Caregiver Information Evening will be held in Grayson Hall on **Thursday 1 June** commencing at **7:15pm**. The purpose of this meeting is to explain tour plans and answer any questions parent/caregivers may wish to ask.

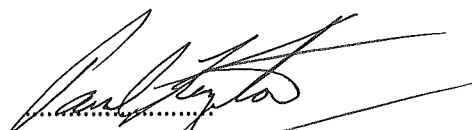
Should you need to contact us urgently while we are on tour, a 24 hour mobile number will be given to all parents prior to departure.

****IMPORTANT POINTS TO REMEMBER****

1. As the children are responsible for carrying their luggage please avoid any unnecessary items of clothing.
2. The children will be required to walk each day, so comfortable shoes are essential. Please ensure any new shoes are well worn in.
3. Medical and Consent form to be returned as soon as possible.
4. If a child needs to leave the tour for any reason (eg. Illness) it is the parents' responsibility to pay for the travel home or any additional travel expenses.
5. Parent Information Meeting: **Thursday 1 June at 7:15pm.**

Thank you.


.....
Gayle Crooke
for Year 6 Teachers


.....
Paul Kingston
Principal

Fill in the following to make your payment for the above Sydney/Canberra via Eftpos

Student's Name: _____ Class: _____

Please charge my Credit Card: Visa or Mastercard

Amount : \$ _____

Name on Card (print clearly): _____

Daytime Phone: _____

Card Number: _____/_____/_____

Expiry Date: _____

Signature: _____

ALBANY CREEK STATE SCHOOL
Requirements for Sydney/Canberra Tour 2017

Students will need a suitcase that will go into cargo and a small backpack (eg school bag) to take as carry-on luggage.

BACKPACK containing the following:

Water bottle (disposable and unopened)
Folder and pen/pencil
Wallet containing some spending money (approx \$20)
Hat or cap
Raincoat or disposable poncho (necessary)
Small snack for morning tea
Lip balm

SUITCASE

N.B. Suitcases will be carried by the students from the carousel at Sydney Airport to the buses that will take us to our accommodation.

Sufficient clothing for 4 days (suggest 2 pairs of long pants/jeans)
School shirt and jacket (to be worn with jeans for visit to Parliament House)
Heavy jacket (for Canberra weather)
2 pairs of shoes and warm socks for 4 days. (No ankle socks – longer sports socks or knee-highs are best)
Pyjamas
Pillow case or similar for dirty clothes
Toiletry items (soap, toothbrush and paste, comb/brush, shampoo, deodorant)
Beanie, scarf and gloves
Small pencil case with pens, coloured pencils (No sharp objects)
Spending money. Approx \$60 in suitcase which will not be accessed until Canberra.

N.B. Bath towels and pillows are not required as accommodation centre provides these.

PLEASE DO NOT BRING

Electronic devices
Mobile phones
Jewellery
Electrical appliances ie hair dryers or straighteners
Pressure pack deodorants – roll-on only (use of pressure packs inside cabins can cause problems for students prone to asthma)

2017 ACSS - SYDNEY/CANBERRA TRIP - MEDICAL AND CONSENT FORM

Student's Surname _____ Given names _____

Date of Birth ____ / ____ / ____ Class ____

Home Address _____

Home phone _____

Mobile phone _____

Work phone _____
 (or alternative number)

Medicare no _____

Medical Cover (eg MBF etc) _____ Pension no. (if applicable) _____

Condition	YES/NO	Details / Treatment
1. Are vaccinations up to date?		
2. Asthma, sinus, hayfever		
3. Other respiratory problems		
4. Allergies (food, penicillin, analgesics)		
5. Recent illness, injury.		
6. Epilepsy		
7. Phobias		
8. Heart problems		
9. Bed wetting		
10. Sleep Walking		
11. Physical disabilities		
12. Travel sickness		
13. Other medical conditions that teachers should be aware of. (eg diabetes, anaphylaxis)		
14. Special dietary requirements (eg celiac, diabetic, vegetarian)		Give details on reverse side of form
15. Medication required while on trip.		Give details on reverse side of form

Is there any reason, other than already listed, which would prevent your child from participating in any of the activities outlined in the itinerary?

(Please circle) **YES / NO**

Are there any custodial issues that the Principal and staff need to be aware of?

(Please circle) **YES / NO**

Photographs and video footage of students will be taken during the week and may be used in school publications (eg Creek Weekly, school website, DVD, School Yearbook). Names do not appear with photos.

Do you agree to allow your child to be photographed and filmed for these purposes?

(Please circle) **YES / NO**

IMPORTANT INFORMATION ABOUT MEDICATION – PLEASE READ

School staff can assist with the administration of prescribed medication provided that a written request is received from the student’s parent or legal guardian and it is provided to us in the original container with the pharmacy label attached to the medication.

The Department of Education instructs that schools MUST NOT administer over the counter analgesics, homeopathic, or prescribed medications unless they meet the above guidelines. Medication is kept securely stored by staff.

Should you wish your child to be administered medications that would normally be purchased over the counter (e.g. Panadol or Travel sickness tablets) it is requested that you consult a medical practitioner and provide the school with medication in the original container along with a written request and instructions to the school on administering the medication.

These requirements are put in place by the department to ensure the health and safety of our students and staff.

Students are permitted to self administer their own asthma medication as required. We suggest 2 puffers. One to self-administer, and a second one to be kept by teachers as a back up with the other medication.

MEDICATION REQUIRED WHILE ON TRIP. Normal medication times are Breakfast, Lunch, Dinner, before bed, and before travel (Travel sickness medication)

MEDICATION	DIETARY REQUIREMENTS

- I certify that, to the best of my knowledge, my child has not been in contact with any infectious disease during the 4 weeks prior to time of signature, and that he/she is not suffering from scabies school sores, or other ailments which are likely to be detrimental to the health of other students and staff. (If your child becomes exposed to an infectious disease after signing this form, please contact the school immediately.)
- I hereby authorise the teachers to obtain such medical attention as may be deemed necessary, and I understand that I am responsible for the costs.
- I further authorise qualified practitioners to administer anaesthetic and blood transfusion if the necessity arises.
- I am aware of the program and type of activities my child will be participating in, and hereby give consent for my child named on this form to attend.

Signature (Parent / Guardian) _____ Date ____/ ____/ ____