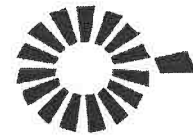




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HARRISON
SCHOOL

Dear Parents/Carers,

10-12 YEARS ATHLETICS CARNIVAL

Welcome to the Harrison School 10-12 years Athletics Carnival. Throughout the day your child will have the opportunity to participate in all track and field events, dressed in house colours. (Nullarbor = Red, Katoomba = Blue, Wimmera = Green, Mapleton = Yellow). Each child is expected to attend as Carnival days are considered a normal school day.

PARENTS: WE NEED YOUR HELP! If you are able to assist on the day with timekeeping, judging, marshalling or field events, please email Miss Farrah Atallah at farah.atallah@ed.act.edu.au by **Wednesday 22 May 2019.**

- Date:** Friday 31 May 2019
- Time:** 9:15am – 2.30pm
- Venue:** Amaroo Playing Fields, Horse Park Drive, Amaroo
- Transport:** Chartered bus
- Supporting Staff:** Farah Atallah
- Cost:** \$5.50
- What to bring:** Students should wear appropriate sports clothing (plus warm clothes when not competing), running shoes, hat and sunscreen, food and a drink bottle.
- Canteen:** There will be a BBQ fundraiser for the Year 10 Formal, as well as a small canteen selling muffins, packets of chips and drinks.

Please return the signed permission note, Medical Information and Consent Form and payment by **Tuesday 21 May 2019.**

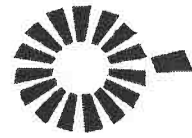
If you require further information, please email Farah.Atallah@ed.act.edu.au

Yours sincerely,

Farah Atallah



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10-12 YEARS ATHLETICS CARNIVAL
Friday 31 May 2019

Events scheduled for the day include:

100m, 200m, Discus, Shot Put and Long Jump.

The 800m event will be held at 9:00am on the morning of the event. Students participating will need to be dropped off at the Amaroo Ovals by their parents before this time if they wish to compete in this event.

Students wishing to compete in High Jump at the ACT Carnival will need to see Miss Atallah.

Important: Please note that the date of Monday 3 May 2019 is an alternative date in case bad weather is forecast. The signed permission note will cover attendance for both dates if required.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

While all contributions towards school events are voluntary, we welcome the support of our parent community so that this is a viable outing for all students. If you have concerns about payment, please contact the Principal or Corporate Manager Debbie.Carne@ed.act.edu.au or 6142 2200.



10-12 YEARS ATHLETICS CARNIVAL
Friday 31 May 2019

I give permission for my child _____ in class _____ to attend the 10-12 years Athletics Carnival on Friday 31 May 2019 at Amaroo Playing Fields. I understand that children will be transported to the event by chartered bus. Please note that the date of Monday 3 June 2019 is an alternative date. This signed permission note will cover attendance for both dates if required.

- I enclose the amount of \$5.50
- My child will be competing in the 800m event. I agree to drop them off at the ovals before 9am.

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

Emergency contact on the day:

Name: _____ Phone No: _____

Any known medical conditions that may affect your child at the excursion: (All parents to complete the Medical Information and Consent Form overleaf)

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.

(Teacher: Farah Atallah)

FEE CODE: 56ATHLETIC

address: Wimmera Street Harrison ACT 2914 email: info@harrison.act.edu.au phone: (02) 61422200 fax: (02) 61422299 ABN: 92990043

EXCURSION MEDICAL INFORMATION AND CONSENT FORM



Education and Training

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on an excursion involving day travel beyond the ACT or an excursion including overnight accommodation regardless of the distance from the school. It is also intended to be used for an overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken along on the excursion.

The Department collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored used and disclosed in accordance with the requirements of the *Privacy Act 1988* (Commonwealth). Parents/carers must note that in the absence of an **Emergency Treatment Plan** only standard first aid will be administered.

Student's name: Date of birth: Sex: M F

School: School year: Camp/Excursion:

Parent/Carer:

Address:

Contact telephone numbers: Business hours: After hours: Mobile:

Other contact for emergency: Telephone no.:

Name of student's doctor: Telephone no.:

Medicare no: Private health fund: Membership number:

Ambulance fund: NOTE: Parents/carers are responsible for ambulance costs outside the ACT.

Please tick the relevant box(es) below if your child suffers from any of the following:

- | | | | | |
|---|-----------------------------------|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> diabetes | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> motion sickness | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> eczema | <input type="checkbox"/> hay fever | <input type="checkbox"/> muscular/skeletal complaint | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy | <input type="checkbox"/> headaches | | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> blood pressure | <input type="checkbox"/> fainting | <input type="checkbox"/> heart condition | | <input type="checkbox"/> sunscreen sensitivity |
| <input type="checkbox"/> Other: | | | | |

If you have ticked any of the boxes above, an **Emergency Treatment Plan** must be provided. Proforma plans are available from the school. NOTE: The school will provide standard first aid treatment only unless an **Emergency Treatment Plan** is provided.

Date of last tetanus injection:

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion

Is the student presently taking any medication? Yes No

If YES, please state name of medication, dosage, etc.:

The teacher-in-charge must be informed about the management of any medication before leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases, medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

I consent to my child receiving ibuprofen. Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

Consent to medical attention: In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid (and, if applicable, treatment as outlined in the **Emergency Treatment Plan** I have provided to the school). I further authorise the school, where it is not practicable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs that may be incurred for the medical treatment, ambulance transport and drugs relating to my child.

Emergency Treatment Plan

I have attached an Emergency Treatment Plan Yes No

If yes, indicate date of plan and doctor's name and contact information.

Parent/Carer signature: Date: