



## AFL 5/6 BOYS GALA DAY

Dear Parents/Carers,

Your child has been selected to represent Harrison School at the Boys AFL Gala Day, being held at Deakin Ovals.

On the day, the students will play a series of rounds followed by semi-finals and finals.

Date & Time: Thursday 25 May 2017 from 8am (leave school) to 3pm for pickup

Venue: Deakin Ovals

Transport: Morning - School bus from school to venue  
Afternoon - Parent pickup at end of day from venue

Supporting Staff: Dave McGibbon

Cost: \$6.00

What to bring: Joggers/football boots, PE uniform, hat, drink bottle and food

Please return the permission note, medical note and payment by Friday 19 May 2017.

Staff accompanying students on excursion will take all reasonable care while the students are in their charge to protect them from injury and to promote positive behaviours and participation in 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.

If you require further information, please email [david.mcgibbon@ed.act.edu.au](mailto:david.mcgibbon@ed.act.edu.au)

Yours sincerely,

Dave McGibbon

**AFL 5/6 BOYS GALA DAY**

**Thursday 25 May 2017**

**Permission Note**

My child \_\_\_\_\_ of class \_\_\_\_\_ (class teacher's name) has my permission to attend the AFL 5/6 Boys Gala Day on Thursday 25 May 2017 at Deakin Ovals.

I enclose \$6.00 with this note

I understand that my child will travel to the venue by the school bus and I am required to collect my child at the end of the day

I authorise the teacher in charge of this excursion to make arrangements for the welfare of my child, including medical or surgical treatment in an emergency. I also agree to meet the costs associated with any emergency arrangement.

I agree that my child will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student to school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action. I understand that my child may require private transport and I authorise for this mode of transport to occur.

I have read and understand the attached information regarding this excursion.

Emergency contact on the day:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Signed: \_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_

(Teacher: Dave McGibbon)

FEE CODE: BOYS AFL56



Education and Training

# EXCURSION MEDICAL INFORMATION AND CONSENT FORM

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: Three Day Bushwalking Expedition

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:

- allergies       diabetes       fits or blackouts       motion sickness       nose bleeds
- anaphylaxis       eczema       hay fever       muscular/skeletal complaint       reaction to drugs
- asthma       epilepsy       headaches       sight/hearing problems
- blood pressure       fainting       heart condition       sunscreen sensitivity
- 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: .....