



Education and Training

Torrens Primary School

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K-2 Excursion to Llewellyn Hall, ANU School of Music Noteworthy Primary – The Maestro and the Magician Wednesday 26th July 2017

We have been fortunate in securing a booking with the *Noteworthy* Program (www.cso.org.au) 'The Maestro and the Magician' performance. The performance is presented by the Canberra Symphony Orchestra (CSO) and introduces children to the joys of live classical music. The audience is introduced to the sounds and instruments of the orchestra. During and after the performance children are encouraged to interact with and ask questions of the musicians.

The cost will be covered by the P & C, which covers bus travel to and from Llewellyn Hall. Musical excerpts include Mozart's Magic Flute Overture, Ravel's Bolero, Tchaikovsky's Dance of the Swans (from Swan Lake), Bizet's Farandole (from L'Arlesienne Suite), Rossini's William Tell Overture as well as surprise popular favourites. The students will be experiencing these musical excerpts during their performing arts lessons.

All students in K – Year 2 may attend the performance. All teachers of these classes Mich Allen and Kirrilee Turner will be accompanying the students.

The bus will leave Torrens Primary School at 11:30am on **Wednesday 26th July**, returning at 1:45pm. Students will need to bring a drink and lunch.

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.

Students will be under the authority of the school for the duration of the excursion, and Kirrilee Turner, as teacher in charge, is authorised to return the student home at the expense of the parent/guardian if she considers that circumstances warrant such action.

Please complete the attached permission slip and medical note and return to the front office by 24 July 2017. There is no cost for this excursion.

Kirrilee Turner, Coordinator

Permission Note for Excursion

Please return this note and medical form to the front office by 24 July 2017.

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

I give permission for my child _____

in class _____ to attend the **Noteworthy Primary – The Maestro and the Magician**

performance on **Wednesday 26th July 2017**.

Signature: _____

Parent/Guardian



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 a category C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken on the excursion.

The Directorate 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 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's Name:		Date of Birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
School:	School Year:	Camp/Excursion:			
Parent/Carer:					
Address:					
Contact Telephone Nos					
<i>Business Hours:</i>		<i>After Hours:</i>		<i>Mobile:</i>	
Other Contact for Emergency:			Telephone No:		
Name of Student's Doctor:			Telephone No:		
Medicare No:		Private Health Fund No:		Membership No:	
Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.					

Please tick if your child suffers any of the following:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) _____ | | | | <input type="checkbox"/> sun screen sensitivity |

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: The teacher in charge must be informed about the management of any medication prior to 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 students name, dosage and frequency of administration.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any physical or psychological limitations of your child? Please give details.	
Is there any other information which you believe may help us to provide the best possible care?	

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 or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed