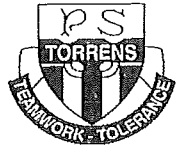




**ACT**  
Government  
Education

# Torrens Primary School

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25/7/18

## Permission Note for Year 6 Combined Band Excursion

**EXCURSION:** Year 6 Combined Band Practice at **Farrer** Primary School.  
**YEAR LEVEL:** Year 6 Band.  
**DATE OF EXCURSION:** Tuesday 14th August 2018  
**TIME OF EXCURSION:** 9:30 – 1:00.  
**TRANSPORT BY:** BUS  
**COST:** There is no cost for this excursion as bus costs are covered in our band fees.  
**PAYMENT/PERMISSION/MEDICAL NOTES DUE BY:** Wednesday 8th August 2018.

Dear Parent/Carers

The Year 6 band will be participating in a combined band practice at Farrer Primary School on **Tuesday 14th August 2018**. Students will leave school at 9.20am to arrive and set up at Farrer for 9:45am. The students will return to school at by 1pm.

We will be performing a short **concert at 12:00** and would love any parents or family members to come along and listen. We will be performing in the school hall at Farrer Primary School.

The children will need to bring:

- Recess
- Instrument
- Music
- Pencil

Please fill out the attached medical forms in full so your child can participate in this excursion and return to **MISS GUNNING** with your permission note.

Thank you,  
Allyson Gunning (Year 6 Band Teacher)

*I authorise the teacher in charge to make any arrangements, medical or otherwise, necessary for the welfare of my child and agree to meet any costs incurred. This may include the cost of returning the child home.*

*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. I have read the above information regarding this excursion and understand what they contain.*

## RETURN THIS FORM TO MISS GUNNING

### PERMISSION NOTE

I give permission for my child to attend the **Year 6 Combined Practice** excursion on **Tuesday 14th August at Farrer Primary School**. I give permission for my child to travel by bus to and from Farrer Primary.

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

**\*\*Don't forget to fill out the medical form as well!!!**





## 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					
Business Hours:		After Hours:		Mobile:	
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