



Torrens Primary School

Ritchie Street
TORRENS A.C.T. 2607



Phone: 6142 0777
Email: admin@torrensp.s.act.edu.au
Website: www.torrensp.s.act.edu.au

EXCURSION: 2018 Wakakirri Performance Rehearsal at the Canberra Theatre

YEAR(S) OR GROUP(S): Year 4 and 5

DATE OF EXCURSION: Thursday, 9 August 2018 (Week 3)

TIME OF EXCURSION: 10.30am -1.45pm

TRANSPORT BY: Bus

COST: \$ Nil

PERMISSION/MEDICAL NOTES DUE BY: Friday, 3 August (Week 2)

Rehearsal Information:

This excursion is to the Canberra Theatre where the students will attend a rehearsal for their Wakakirri performance later in the evening.

Evening Performance Information:

Students **MUST** be at the Canberra Theatre no later than 6pm for the evening performance. The performance will finish at approximately 9.00pm and all students **MUST** be picked up by a parent from the theatre. **IF ANY CHILD IS BEING TRANSPORTED BY ANOTHER PARENT WE REQUIRE A NOTE INFORMING US OF ARRANGEMENTS AS WE ARE NOT ABLE TO RELEASE A CHILD WITHOUT WRITTEN PERMISSION.** We would greatly appreciate it if we were not kept waiting at the end of the evening for children to be collected. As I'm sure you can appreciate, it is a long day with 120 excited children.

Thank you,

The Wakakirri Team

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 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.



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2018 Wakakirri Performance Rehearsal at the Canberra Theatre

PERMISSION NOTE

Return to Front Office:

Your child is not able to attend this excursion unless both the permission note and medical form (attached) are completed.

I give permission for my child to attend the 2018 Wakakirri Performance Rehearsal excursion.

CHILD'S NAME: _____ CLASS: _____

PARENT/CARER'S NAME: _____

PARENT SIGNATURE: _____ DATE: ____/____/____

**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:	Class	Camp/Excursion:		2018 Wakakirri Heat	
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 a Known Medical condition Response Plan must be provided. Proforma Plans are available from the school or the website. *NB. Without a Known Medical Condition Response Plan the school can only provide first aid treatment.*

Please turn over

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.

Parent/Carer signature: _____ Date: _____