

**EXCURSION: Southern Canberra Gymnastics Club
Gartside St Erindale**

YEAR LEVEL: Students from Years K-2

DATE OF EXCURSION: Thursday 8th, 15th, 22nd and 29th June 2017

TIME OF EXCURSION Year 1D and 1H: 9.45-11.30am
Year 1Z and 2M: 10.45am-12.30pm
Year 2K and 2U: 11.45am-1.30pm
Kinder 12.30-2.15pm


TRANSPORT BY: Action Bus

COST: \$9.00 (Please note the cost is subsidised through Sporting Schools Grant.funds)

PAYMENT/PERMISSION/MEDICAL NOTES DUE BY 3.30PM TUESDAY June 6th 2017

PAYMENT OPTION: Payment link – www.torrensp.s.act.edu.au; Eftpos; Cash; Cheque (Torrens Primary School)

This is an optional activity but enriches the school life of the child. Payment is required to cover the cost of your child attending this excursion. The school has made every effort to keep costs for this activity at a reasonable level.



The purpose of this excursion is to provide opportunities for our students to build upon their gross motor skills in a safe and enjoyable environment and learn new movement patterns and skills under the guidance of qualified gymnastics coaches.

If you have any questions regarding this program please contact me via the front office.

Regards,
Belinda Bacon
Executive Teacher

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.



Southern Canberra Gymnastics Gross Motor Program

PERMISSION NOTE & MEDICAL NOTE

Return to front office:

PLEASE COMPLETE PERMISSION AND MEDICAL NOTE ATTACHED.

CHILDREN ARE UNABLE TO ATTEND THE EXCURSION UNLESS PERMISSION/MEDICAL NOTES ARE COMPLETED.

I give permission for my child to attend the excursion to Southern Canberra Gymnastics Club on Thursday 8th, 15th and 22nd and 29th June 2017.

CHILD'S NAME: _____ CLASS: _____

PARENT'S NAME: _____

PARENT SIGNATURE: _____

DATE: _____



EXCURSION PAYMENT SLIP

Payment: \$9.00

Payment can be made through:

Torrens Primary School website

www.torrensps.act.edu.au (Payment link)

(Student & family keys details available from the front office.)

On line receipt number: _____

Or:

- Cash
- EFTPOS
- Cheque – made out to Torrens Primary School

Student Name: _____ Class: _____

Family Surname: _____

Amount enclosed: _____



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