



Torrens Primary School

Ritchie Street
TORRENS A.C.T. 2607



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GIRLS- ACT OZTAG GALA DAY 2017

<u>YEAR LEVEL:</u>	Year 6
<u>DATE OF EXCURSION:</u>	Wednesday 2nd August 2017
<u>VENUE:</u>	O'Connor Playing Fields, Pedder Street
<u>TIME OF EXCURSION:</u>	8.45am for a 9.15 start. Finish 3.00pm
<u>WHAT TO BRING:</u>	Water bottle, hat, sunscreen, jacket, recess & lunch
<u>WHAT TO WEAR:</u>	Torrens sports uniform, shorts/leggings, joggers
<u>TRANSPORT:</u>	Parents are responsible for transport to and from the fields
<u>COST:</u>	\$7.00 (team registration fee)
<u>TEAM MANAGER:</u>	Mr Greg Pickering
PERMISSION/MEDICAL NOTES DUE BY: 3.30PM Friday 28th July	

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 the Oz Tag skills they have learned during physical education lessons. The day is a friendly and enjoyable round robin format against other ACT primary schools. Parents are welcome to attend.

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.

Primary Girls ACT Oztag Gala Day on Wednesday 2 August

As we are entering multiple teams, if you are able to assist with coaching or managing your child's team on the day it would be greatly appreciated. Please fill out the details below if you are able to help.

Thank you!

Name_____

Child's name_____

Contact number_____

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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.

CHILD'S NAME: _____ CLASS: _____

PARENT'S NAME: _____

PARENT SIGNATURE: _____

DATE: _____

✂----- ✂

EXCURSION PAYMENT SLIP

Payment: \$

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					
<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