**Torrens Primary School**



Ritchie Street

TORRENS A.C.T. 2607

Phone: 6142 0777 Email: [admin@torrensps.act.edu.au](mailto:admin@torrensps.act.edu.au)

Website: www.torrensps.act.edu.au

**EXCURSION:** 2021 Junior Gross Motor Program at Southern Canberra Gymnastics Club

**ATTENDEES:** Kindergarten, Year 1, Year 2

**DATE(S):** Thursday 3, 10, 17 and 24 June 2021 **(Thursdays from Week 7 until Week 10)**

**TIME (S): Year 2**: 9.45am-11.30am (Lesson time: 10am)

**Year 1**: 10.45am-12.30pm (Lesson time: 11am)

**Kindy**: 11.45am-1.30pm (Lesson time: 12pm)

**TRANSPORT BY:** Bus to Southern Canberra Gymnastic Club, Gartside Street, Erindale

**COST**: $ 15

**PAYMENT, PERMISSION and MEDICAL NOTES DUE: Friday, 28 May 2021 (Week 6)**

*The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or carers can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.*

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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. They will learn new movement patterns and skills under the guidance of qualified gymnastics coaches at Southern Canberra Gymnastics Club.

A Risk Assessment for this program, which includes details of the Venue’s COVID safe plan, is available to view at the Front Office.

Students will be accompanied to and from the gym by their class teachers and assisted by other support staff (Taylah Bacon, Jackson Stuart and David Kidd) as appropriate.

Children need to wear appropriate footwear (runners, socks) and shorts, track pants, leggings or skorts (no dresses, skirts or stockings).

If you have any questions regarding this program please contact the Front Office.

Belinda Bacon - ***Executive Teacher***

Alex Nichols, Emma Thomas, Emily Di-Salvatore - ***Year 1 Teaching team***

Catherine Nash, Mallory Williams, Sarah Cuiffitelli- ***Year 2 Teaching team***

Kerrie Rendell, Ally Jackson, Trish Bond - ***Kindy Teaching team***

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*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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**2021 Junior Gross Motor Program**

**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 participate in the Junior Gross Motor Program at **Southern Canberra Gymnastics Club, Erindale,** commencing on Thursday 3 June, continuing each Thursday until 24 June, and travelling to and from the school and gym via bus.

*I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.*

*I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that* circumstances *warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_

PARENT/CARER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/CARER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_*

**PAYMENT DETAILS**

**Excursion:** K-2 Gymnastics 2021 **Cost:** $ 15

□ On-line (www.torrensps.act.edu.au/payment)

Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ EFTPOS

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| --- | --- |
|  | **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**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | | | | |  | | | | | | | Date of Birth: | | | | |  | | | | Sex: | | 🞏 M 🞏 F |
| School: |  | | | | | | | Class | | |  | | | Camp/Excursion: | | | | | **2021 K-2 Gymnastics** | | | | |
| 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. | | | | | | | | | | | | | | | | | | |  | | | | |

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| --- | --- | --- | --- | --- | --- |
| Please tick if your child suffers any of the following: | | | | | |
| 🞏 allergies | 🞏 blood pressure | | 🞏 epilepsy | 🞏 hayfever | 🞏 nose bleeds |
| 🞏 anaphylaxis | 🞏 diabetes | | 🞏 fainting | 🞏 headaches | 🞏 reaction to drugs |
| 🞏 asthma | 🞏 eczema | | 🞏 fits or blackouts | 🞏 heart condition | 🞏 sight/hearing problems |
| 🞏 other (please specify) | |  | |  | 🞏 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 🞏 No 🞏 |
| 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 🞏 No 🞏 |
| 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 🞏 No 🞏 |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_