**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

**Information for Parents:** 2021 Wakakirri Awards Night Rehearsal at Canberra Theatre

**Group(s):** Year 4 and 5 students participating in Wakakirri 2021

**Date: Monday 30 August 2021 (Week 8)**

**Time:** 11.50am – 3.10pm

**Transport:** Deanes Coaches

**Cost:** $ Nil

**Group size and Staff/Student Ratio:** 86 students, 4 teachers **=** 1:22

**Co-ordinator:** Emma Thomas

**Permission note:** Monday 23 August (Week 7)

**Rehearsal Information:**

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

**Excursion Risk Assessment:** available to view at front office

**Evening Performance Information:**

Students MUST be at the Canberra Theatre no later than **5.45pm** for the evening performance. Parents are responsible for transporting their child to and from the theatre for the evening performance. The performance will finish at approximately 8.45pm 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.*

Thank you, ***The Wakakirri 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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**Excursion Permission Note for Parent**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in Class \_\_ to attend the Wakakirri Awards Night Rehearsal at the Canberra Theatre on Monday 30 August (Week 8), travelling by bus and other details as outlined in the Information for Parents (attached).

I agree to my child participating in the activities associated with this excursion. 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.

**Please tick (√) only one (1) box only below:**

 I provided medical information to the school for the Wakakirri rehearsal excursion on 19 July. I confirm there is no new medical information to provide with this permission note.

***OR***

 I have provided new medical information relevant to my child attending this excursion on the attached *Excursion Medical Information and Consent form.*

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.

I understand that I am responsible for getting my child to and from the Canberra Theatre for the evening performance.

Is there any additional information you need to provide to support your child’s participation in this excursion? If yes, please provide these details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Carer: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | | | | |  | | | | | | | Date of Birth: | | | | |  | | | | Sex: | | 🞏 M 🞏 F |
| School: | Torrens Primary School | | | | | | | Class | | |  | | | Camp/Excursion: | | | | | 2021 Wakakirri Awards Night Rehearsal | | | | |
| 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 | 🞏 hay fever | 🞏 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 student’s 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: \_\_\_\_/\_\_\_\_\_/\_\_\_\_