**Torrens Primary School** Ritchie Street TORRENS A.C.T. 2607

6142 0777 admin@torrensps.act.edu.au www.torrensps.act.edu.au

**Torrens Primary School Athletics Carnival 2022 – Woden Athletics Park, Phillip**

**Anticipated group size:** 20 staff; 320 students **Staff/Student ratio** 1:16

**Date(s) & Time(s):** Thursday 28 April 2022 **(Week 1 Term 2).** Depart Torrens Primary School 9:30am and arrive back at Torrens Primary School approx. 2:15pm

**Transport arrangements:** Action buses

**Cost: $ 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.*

**Payment and notes due back to Front Office by:** Wednesday 6 April 2022 **(Week 10 Term 1)**

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**Purpose & Activities:** The Torrens Primary School Athletics Carnival provides opportunities for students to continue to develop their athletic skills across a range of running and field events. Formal events across both track and field provide a platform for students to demonstrate their athletic prowess and earn the right to represent Torrens Primary at the Tuggeranong Regional Carnival. There will be NO high jump events. Instead, students wishing to be considered for high jump events at district or ACT level need to talk to Mr Hughes on the day of the carnival. Spikes can only be worn in 70m, 100m and 200m events and must be removed before leaving the track.

**What to wear/bring:** Children should wear a hat and warm clothing for the day (preferably House colours). They should also bring their ownsnacks, lunch and a water bottle as there will be **no food for sale at the park**. All items should beclearly labelled with your child’s name.

**Buses will leave Woden Athletics Park promptly at 2:00pm.** Parents wishing to pick their children up from the track need to be there by 1:50pm. Students will not be left at the track awaiting pick up, they will return to school on the bus. If your child is to be picked up by another parent, please send a signed note confirming the arrangement with your child on the day or give it to your child’s teacher before the carnival. Please make sure you tell your child’s class teacher when you pick them up.

There will be a **COVID Safe Plan** in place at the venue which may limit adult entry numbers. However, if you can attend the carnival in an assisting capacity, please contact the front office first up to leave your name and contact details and we will get back to you.

**Staff who will be in attendance:** All class teachers, LSAs and a first aid officer will attend the carnival.

***Please turn over***

**Behavioural expectations:** *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.*

**Excursion Risk Assessment:** Available on request from the front office

If you have any questions regarding this excursion, please contact your class teacher via the front office. Please return the completed forms and make payment by **Wednesday 6 April** (Week 10).

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***(‘√’ tick all that apply)***

 I give permission for my child to attend the **TPS Athletics Carnival on Thursday 28 April at Woden Athletics Park, Phillip** and travelling by bus to and from the school.

 My child can participate in 70, 100, 200 & 800m, shot put, discus, long jump, novelties.

*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.*

**You should have already completed a *Medical Information and Consent Form*.** This form only needs to be completed once annually unless there are changes to the details on this form. Are there any changes to this form?

Yes [ ]  No  [ ]  If yes, an updated *Medical Information and Consent Form* is required to be completed. (Download from the website: <https://www.torrensps.act.edu.au/our_school/general_medical_information> *Note:* if you have not provided a form for 2022 to the school, please download and complete now to return with this permission note.)

Will your child require medication to be administered during the excursion (e.g., antihistamine, pain relief)?

Yes [ ]  No [ ]  If yes, please complete a *Medication Authorisation and Administration Record.* (Download from the website using the above link).

***Turn over to complete this form***

Is there any additional information you need to provide to support your child’s participation in this excursion?

Yes [ ]  No [ ]  If yes, please provide these details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please provide the following information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medicare No: |  | Private Health Fund No: |  | Membership No: |  |
| Ambulance Fund: NOTE, Parents are responsible for ambulance costs outside the ACT. |  |

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class: \_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_*

**Payment details:**

**Cost:** $6

□On-line ([www.torrensps.act.edu.au/payment](http://www.torrensps.act.edu.au/payment)) Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *or*

□ EFTPOS (please call the front office to complete payment over the phone)

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU). This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate’s website (www.det.act.gov.au) on the About Us page.