**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:** Torrens Primary School Junior Athletics Day 2021

**VENUE:** Woden Athletics Park, Phillip

**YEAR(S):** Kindergarten and Year 1

**DATE OF EXCURSION:** Tuesday 20 April (Week 1 Term 2)

**TIME OF EXCURSION:** Depart Torrens Primary School 10:00am and arrive back at Torrens Primary School at approx. 1:45pm

**TRANSPORT BY:** Bus

**COST:** $8

**PAYMENT, PERMISSION and MEDICAL NOTES DUE BY:** Wednesday 31March (Week 9)

**PAYMENT OPTIONS:** Online or Eftpos ONLY

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*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.*

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**The purpose of the Torrens Primary School Junior Athletics Day is to provide opportunities for students to develop their fundamental movement skills through a range of fun novelty events and ball games. They will also have an opportunity to run on the track in a more formal 70m event.**

**CHILDREN NEED TO WEAR:** warm clothing for the day, including a hat (preferably House colours), clearly labelled with your child’s name.

**CHILDREN NEED TO BRING:** recess, lunch and a water bottle as there will be **no food for sale at the park.**

**Carnival Coordinators** - Belinda Bacon and Alicia Hourigan; **First Aid** - Karmen Gottwald

**COVID19:** There will be a COVID safe plan in place at the venue which may require check-in via the CBR app, or limit adult entry numbers. However, if you are able to 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.

***Belinda Bacon – Carnival Convenor***

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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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**Torrens Primary School Junior Athletics Day 2021**

**ATTENDANCE & PERMISSIONS**

**Please tick √ EITHER section (1) OR (2), sign and date below and return to Front Office:**

**(1)** I give permission for my child to **ATTEND** the carnival at Woden Athletics Park on Tuesday 20 April, and to travel to and from the venue by bus; ***and***

 I also give permission for my child to participate in the Junior Athletics Day events.

 I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency.

*Your child is not able to attend this excursion unless both this permission note and an excursion medical form is completed.*

***OR***

**(2)** My Child **WILL NOT** attend the TPS Athletics Carnival, ***and* on the day**

**** my child will come to school, ***or***

**** my child will remain at home

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

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

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

**PAYMENT DETAILS**

**Excursion:** TPSJunior Athletics Day **Cost:** $8

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

□ 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | | | | |  | | | | | | | Date of Birth: | | | | |  | | | | Sex: | | 🞏 M 🞏 F |
| School: |  | | | | | | | Class | | |  | | | Camp/Excursion: | | | | | 2021 Junior Athletics Day | | | | |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_