



Melrose High School

Marr Street Pearce ACT 2607

ABN 25 459 896 375

"A community of learners building on a tradition of excellence"



Dear Parent/Carer

Through their efforts at the Melrose School Cross-Country Carnival, your child has qualified for the Southside Secondary Zone Carnival to be held Tuesday 28 May 2019 at Stromlo Forest Park. Students will need to take lunch, snacks, drink bottle and sun protection. There will be no canteen facilities available on the day. The event will only be cancelled in the event of extreme inclement weather, so warm clothing and a rain jacket will be essential.

WHEN: Tuesday 28 May 2019

TIME: 11:00am-2:30pm

WHERE: Stromlo Forest Park, Robert De Castella Cross Country Running Track

TRAVEL: Bus to and from the event

COST: \$15.00 This includes SSACT entry fee and the bus

FOOD: No canteen facilities will be available on the day

Further INFORMATION: Please note there will be no canteen facilities available on the day. If it is raining, please listen to the radio (FM104.7 & FM106.3) on the morning of the carnival for cancelation updates.

13 years – 2 laps of 1500m hill loop
14, 15 and 16 girls – 1x 1500m hill loop 1x 2500m (full circuit)
16 Boys – 5k 2x2500 (full circuit) to increase participation

Top 20 students in the 13&O races will qualify for the ACT 13&O Cross Country Championships including the winning team for each age group. 12 Year old secondary students will run in the 13 Years race and top 5 12 year old students will qualify for the ACT Champs.

Please complete the form attached to give permission for your child to participate in this activity. Completed forms and payment need to be returned to the front office **prior to roll group** on the morning of 23 May 2019 if your child wishes to participate in this excursion. *(Please note staff cannot accept notes or money after this time).*

Yours sincerely

Stacey Tindall
Physical Education Teacher
9 May 2019

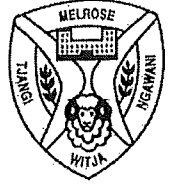


ACT
Government
Education

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Permission Note for Southside Zone Cross Country

I, _____ hereby give permission for my son/daughter

_____ to attend the Southside Cross Country excursion
On 28 May 2018. I understand the transport arrangements involved.

Immediate medical needs of my child (eg. diabetic, anaphylactic, asthmatic, ...):

Parent contact if needed during excursion (Necessary)

Parent/Carer: Name: _____ Phone: _____

Parent/Carer: Name: _____ Phone: _____

Staff accompanying students on excursions will take all reasonable care while 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 members are not responsible for injuries or damage to property that 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.

Parent/Guardian Signature : _____ Date : ___ / ___ / ___

PAYMENT SLIP FOR Zone Cross Country Total Cost \$15.00

It would be appreciated if payment was received by 23 May 2017

Online payment is the preferred method of payment.

1. Visit the Melrose High School website, <http://www.melrosehs.act.edu.au/payment>. All payments are processed securely through Westpac and can be made with a debit or credit card.
2. Click the link to *Quick Web*, a secure Westpac site. Complete the fields with as much detail as possible noting the compulsory fields which are marked with a green asterisks (*), including the Fee Code ZONE CROSS COUNTRY
3. Westpac will provide you with a receipt which you can bring to the office or email the receipt to melrose.finance@ed.act.edu.au.

Payments can also be made in person at the front office with cash, cheque or EFTPOS. You can also deposit direct into the School Bank account. BSB 032777, Account - 001658. If paying by direct deposit, please advise the School Financial section by email at melrose.finance@ed.act.edu.au.

Please ensure you include the Student/Family Key from the student's ID card and the Fee Code for all payments.



MEDICAL INFORMATION AND CONSENT FORM

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997 (ACT)*.

Personal Details

Student's Name:				Date of Birth:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
School:		School Year:		Camp/Excursion:			
Parent/Carer:							
Address:							
Business Hours:		After Hours:		Mobile:			
Emergency Contacts 1:					Telephone No:		
Emergency Contacts 2:					Telephone No:		
Name of Doctor:					Telephone No:		

Office Use Student central ID: _____	Entered into MAZE: <input type="checkbox"/> Date: _____
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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"/> hay fever | <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 | |

*Please attach Emergency Treatment Plan/Action Plan

Date of last tetanus injection:		
Is the student presently taking any medication?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents must give written permission and directions for the administration of any medication taken during school or after hours school activities. Medications are to be clearly labelled with prescription details, in unopened, original packaging. Completion of the <i>Emergency Treatment Plan</i> is required.		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

Parents/carers should note that in the absence of an *Emergency Treatment Plan*, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.

PLEASE READ: In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis and asthma emergency, I consent to the provision of first aid and any treatment as outlined in the attached *Emergency Treatment Plan*. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.

Signature.....

Date.....

Please tick if your child suffers any of the following:

- allergies
- anaphylaxis*
- asthma*
- other (please specify) _____
- blood pressure
- diabetes*
- eczema
- epilepsy*
- fainting
- fits or blackouts
- hay fever
- headaches
- heart condition
- nose bleeds
- reaction to drugs
- sight/hearing problems
- sun screen sensitivity

*Please attach *Emergency Treatment Plan/Action Plan*

Date of last tetanus injection:	
Is the student presently taking medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents must give written permission and directions for the administration of any medication taken during school or after-hours school activities. Medications must be clearly labelled with prescription details and in unopened, original packaging. Completion of the <i>Emergency Treatment Plan</i> is required.	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 you believe may help us to provide the care?	

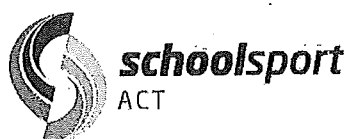
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Signature.....

Date.....



13 Years & Over High School South Cross Country Championship
Information and Consent Form

Region/Sport	High School South - Cross Country
Date(s) of Championships	High School South – Tuesday 28 May 2019 ACT Championships – Wednesday 13 June 2019
Venue	Stromlo Forest Park – Robert De Castella Cross Country Running Track
Time of event(s)	12:00pm – 2:15pm There will be no walk through as course will be clearly marked and easy to follow.
Arrival time Collection time	11:30am – Arrival 2:30pm – Collection
Requirements, Rules and Guidelines	<p>10 Students per age, per gender, per event, per school may be entered.</p> <p>Schools to provide 1 team manager and one official (can be a student). Please send names by 24 May 2019</p> <p>Every school needs to provide each student with a sticker and identifying mark showing: <u>Student's Name, School, Age this year, Date of birth</u></p> <p>Once the students finish their race their sticker will be peeled off and placed on a recording sheet. This will provide an accurate record of placings and the competitors will know where they finish.</p> <p>The first 4 runners from each school (secondary schools only), in each event will count towards the team event. This will be done at the conclusion of the race. No place cards or envelopes will go out this year. Points will be allocated as followed 1st Place = 1 point, 2nd place = 2 points etc as per School Sport Australia guidelines and IAAF scoring for cross country. Schools with the lowest score per age group are the champions for that age group.</p> <p>Schools are required to find their own area near the start and finish line. Team managers are to ensure that children are supervised at all times and kept back from the track.</p> <p>The steep hill will not be used at the Regional carnival. 13 years – 2 laps of 1500m hill loop 14, 15 and 16 girls – 1x 1500m hill loop 1x 2500m (full circuit) 16 Boys – 5k 2x2500 (full circuit) to increase participation</p> <p>Top 20 students in the 13&O races will qualify for the ACT 13&O Cross Country Championships including the winning team for each age group. 12 Year old secondary students will run in the 13 Years race and top 5 12 year old students will qualify for the ACT Champs.</p>
Cost	\$10.00 Participation Fee to be paid directly to your school prior to event
Further Information	<p>NO Canteen facilities will be available on the day.</p> <p>If it is raining please listen to the radio (FM104.7 & FM106.3) to find out if the carnival has been cancelled.</p> <p>All schools should bring garbage bags for rubbish and tarps to sit on.</p>

Event Official/s	Des Proctor – 13&O Southside Carnival Coordinator Email – des.proctor@ed.act.edu.au
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Parental Consent

As a parent/guardian of from
(Student's Name) (School)

I give my consent for him/her to participate in the ACT Championship listed above, and agree to delegate my authority to the teachers and officials involved. Such teachers and officials may take whatever discipline they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I also authorise the teachers and officials to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above mentioned student.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have sighted the Code of Conduct (to be found on the SSACT website) and agree that if my child contravenes behavioural expectations he/she may be immediately excluded from the team.

- I agree to collect my child by the time specified for conclusion of the event.
- I have paid the \$10 Participation Fee to my child's school.

Parent/Guardian name: **Mobile Contact on the day:**

Parent/Guardian signature: **Date:**

Please return the signed Consent Form to the Team Official listed in the above table of information.