



Melrose High School

Marr Street Pearce ACT 2607

ABN 25 459 896 375

“ A community of learners building on a tradition of excellence”



MELROSE HIGH SCHOOL ATHLETICS CARNIVAL 2019

Dear Parents and Carers,

Week 4 of this term will see the running of Melrose High School's Athletics carnival.

The focus of the day will be on participation in the traditional events and having fun.

We strongly advise that students bring adequate sun protection including hat, sunscreen and appropriate clothing. A full canteen will be in operation from 9.30 -1.30pm however, it would also be a good idea for students to supply their own lunch, drink bottle and snacks, as they will not be permitted to leave the venue during the day. Please ensure you bring appropriate clothing for all weather conditions.

We urge all students to come along in their House colours for a fun day at the track and let's continue the fine sporting tradition at Melrose High School! Parents are also most welcome to attend. If you require further information don't hesitate to contact the school.

DATE: Thursday 15 August 2019
VENUE: Woden Athletics track – Ainsworth St, Phillip
TIME: 9.00am-3.00pm

TRANSPORT: **Students to make their own way to and from the venue. Students from Tuggeranong can stay on their route bus and go through to Woden Interchange. They can then walk up past the Cemetery to the track.**

COST: Gold coin. Pay at the gate. (To cover the ground hire cost and use of Woden Athletics equipment.)

Yours Sincerely,

Simon Vaughan
Principal

Sonja Marmont
Executive Teacher

Please return the next two pages to school (Student window) or via email MelroseHS.Events@ed.act.edu.au



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Permission Note Athletics carnival

I, _____ hereby give permission for my son/daughter

_____ permission to attend the Athletics carnival at the Woden Athletics track on
Thursday 15 August 2019

Immediate medical needs of my child (e.g. 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.

Please note: The payment of this financial contribution is voluntary. The Education Act 2004 guarantees that

- a) each contribution must be voluntary*
- b) a child is not to be refused benefits or services because the child's parents do not make a contribution*
- c) a child is not harassed for contributions*
- d) any record of contributions is confidential.*

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

The Athletics Carnival is a normal school day that is relocated to the Woden Athletics track and, consequently, the Education Directorate requires an explanation in writing of your child's absence if they do not attend.

Attendance is required.

Name: _____ will not be attending the Athletics carnival on Thursday 15

August 2019

Roll group _____

Reason _____

Parent name: _____

Signature _____

MEDICAL INFORMATION & 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:	Melrose High School	School Year:		Camp/Excursion:	Athletics Carnival		
Parent/Carer:							
Address:							
Business Hours:		After Hours:		Mobile:			
Emergency Contacts 1:				Telephone No:			
Emergency Contacts 2:				Telephone No:			
Name of Doctor:				Telephone No:			

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

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Date of last tetanus injection:	
Is the student presently taking any medication? 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"/> 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.....