



# 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

Your child has been selected to represent Melrose High School in the ACT Southside Touch Football secondary school tournament. This is a combined event for 7/8 Boys and Girls and 9/10 Boys and Girls.

**WHEN:** 5 April 2019

**TIME:** 9:00am-2:30pm

**WHERE:** Deakin touch Ovals, Makin PI, Deakin ACT 2600

**TRAVEL:** Own transport to and from the venue-students will be dismissed from the venue after the last game has been played.

**COST:** \$20.00

**EQUIPMENT:** Students are required to wear black shorts and comfortable suitable footwear. Students will be provided with a Melrose High sports jersey on the day but will be required to hand in the jersey at the conclusion of the event.

**FOOD:** Students are required to supply their own healthy food/snacks and water for the day. A canteen may run on the day in the event this does not happen please pack an adequate amount of food.

Please complete the form below to give permission for your son or daughter to participate in this activity. Completed forms need to be returned to the finance office by 5 April 2019.

Yours sincerely

Stacey Tindall

1 April 2019



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## Permission Note for

ACT Southside Touch Football secondary school tournament.

I, \_\_\_\_\_ hereby give permission for my son/daughter

\_\_\_\_\_ to attend the ACT Southside Touch Football secondary school tournament excursion on 5 April 2019 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/Carer Signature : \_\_\_\_\_ Date : \_\_\_ / \_\_\_ / \_\_\_

### PAYMENT SLIP FOR Touch Football Total Cost \$20.00

Total Cost \$20.00 S.TINDALL, P.HARRIOTT, G.KEARNEY & M.BALDWIN

Online payment is the preferred method of payment. It would be appreciated if payment was received by 5 April 2019.

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 touch football
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](mailto: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](mailto: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:	Melrose High School	School Year:	Camp/Excursion:	ACT SouthsideTouch Football	
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:  Date: \_\_\_\_\_

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.		
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 which may be incurred for the medical treatment, ambulance transportation and medication.

Signature:

Date: