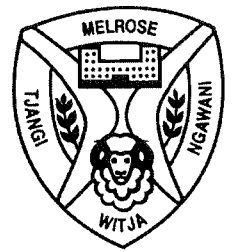




# Melrose High School

Values 'R.E.S.P.E.C.T'  
Resources, Effort, Self, Peers, Environment,  
Community, Teachers



Dear Parent/Carer,

Your son/daughter will be participating in the AusDance ACT Youth Dance Festival this year as part of their Dance elective and curriculum. This year, AusDance ACT has created a theme based on *Right Here... Right Now*, and the Year 9 and 10 Dance classes have collectively explored, choreographed and costumed their final dance piece. Most rehearsals will be during class time, although some lunchtime rehearsals will be held closer to the performance date.

**WHEN:** 22 September 2017

**TIME:** 9:30AM – 10:00PM

**WHERE:** Canberra Theatre

**TRAVEL:** QCity Bus from Melrose High School to Canberra Theatre at 9:30AM  
Own travel from Theatre after performance.

**COST:** \$50.00

The performance night is Friday 22 September 2017 at the Canberra Theatre. Parents and friends are encouraged to purchase tickets to support the Year 9 & 10 dancers perform their student choreographed piece on our allocated performance night.

On the day, students will meet at the front of the school at 9:30AM to travel via QCity Transport to the Canberra Theatre for the Technical Rehearsal at 10:00AM and will be required to remain at the theatre until the end of their performance (approx. 10:00PM).

Students will be allocated **one hour** (unaccompanied by a teacher, with a buddy) for lunch and dinner prior to the performance. Students will be dismissed from the venue on the evening when a parent/carer is present. As some details are yet to be confirmed it would be appreciated if you could supply an email address on the permission note so that these finer details can be emailed directly to you.

To assist with costs of entry fees, costuming and makeup, performance photos and performance DVD each student is required contribute \$50.00 to the Finance Office.

Please complete the permission note attached and hand to Ms Sedlacek by 1 September 2017.

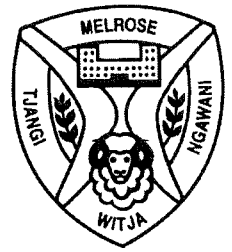
Yours sincerely,

Lucy Sedlacek  
Dance Teacher  
Melrose High School  
August 4 2017



# Melrose High School

Values 'R.E.S.P.E.C.T'  
Resources, Effort, Self, Peers, Environment,  
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## Permission Note for Dance Festival 2017

I, \_\_\_\_\_ hereby give permission for my son/daughter  
\_\_\_\_\_ to attend the Dance Festival excursion on 22 September 2017.

I understand the travel 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: \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_ Date : \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

*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.*

*It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp/excursion. The school has made every effort to keep costs for this activity at a reasonable level. This is an enrichment activity so a payment will be required to cover all costs. The school reserves the right to cancel the activity should all costs not be covered. Individual records of contributions are confidential.*

### PAYMENT SLIP FOR Dance Festival, Total Cost \$50, Sedlacek

It would be appreciated if payment was received by 1 September 2017.

Amount Enclosed \$ \_\_\_\_\_ cash/cheques made out to Melrose High School.

Student Name: \_\_\_\_\_

### Credit Card Facility – MINIMUM PAYMENT \$20 (Please Tick which card applies)

MasterCard  Visa  Expiry date: \_\_\_\_\_

Please print name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card No \_\_\_\_\_ Date \_\_\_\_\_

Online Payment <http://www.melrosehs.act.edu.au/payment> and follow the prompts.

Online Payment Code: Dance Fest

**Direct payments** can be made to Westpac Bank Account Number: 001658 – BSB 032777 please put family name and description of the payment (eg. Dance Fest surname) and email [judith.rogers@ed.act.edu.au](mailto:judith.rogers@ed.act.edu.au) to confirm payment.



# Excursion Medical Information and Consent Form

Attachment 4



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 B, 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 department 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 note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: \_\_\_\_\_ Given/preferred name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Sex:  M  F

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Camp/Excursion: \_\_\_\_\_

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: \_\_\_\_\_ Membership Number \_\_\_\_\_

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies      | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds            |
| <input type="checkbox"/> Asthma *      | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever         | <input type="checkbox"/> Reaction to drugs      |
| <input type="checkbox"/> Diabetes *    | <input type="checkbox"/> Eczema         | <input type="checkbox"/> Headaches         | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy *    | <input type="checkbox"/> Fainting       | <input type="checkbox"/> Heart condition   | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Other _____   |   |  |   |

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes  No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

**Note:** For anaphylaxis\*, asthma\*, diabetes\* or epilepsy\* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

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: \_\_\_\_\_

**NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.**

Parents must give written permission and directions for the administration of any medication taken during the excursion.

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 student's 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/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: ..... Date: \_\_ / \_\_ / \_\_\_\_  
(Parent/Carer)

Signed: ..... Date: \_\_ / \_\_ / \_\_\_\_  
(Parent/Carer)

***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 whilst on the excursion.***

*Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.*



# STUDENT RECORDING CLEARANCE

## Youth Dance Festival 2017 Photographing & Filming Performances

Dear parent/guardian,

Your child is participating in Ausdance ACT's 2017 Youth Dance Festival at Canberra Theatre held on the 20, 21, 22 September. As in previous years Youth Dance Festival 2017, is being filmed on digital video and will be digitally photographed. This will provide a record of your students' achievement and will be used to create DVDs for sale to parents/ guardians and sets of photographs for sale to schools.

Ausdance ACT will use photographs of YDF 2017 to create the marketing images for the 2018 Youth Dance Festival. They will also be used by Ausdance ACT for reporting to funding agencies, for some promotion of dance in the ACT, and with an on-line presence on the Ausdance ACT website and Facebook page. Photographs will not be sold, or used for any other purpose. Students will not be individually identified at any time, although the school may be identified.

Video footage and the film that opens the show may also be used for promotional purposes e.g. making up a TV advert or posted on Vimeo with copyright control.

Please sign and return this form to your Dance Festival Coordinator or Teacher by **Friday 28 July 2017**. Please contact them if you have any concerns - we want everyone to have the best experience!

Thank you.

Olivia Fyfe  
Festival Project Manager  
Ausdance ACT Youth Dance Festival

I give my consent for

to be filmed / photographed with footage to be used for publication, sale, and broadcast, as part of Ausdance ACT's Youth Dance Festival.

*If under 18*  
Parent/Guardian's Signature

Please print your name

Date