



Melrose High School

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



Year 10 Formal 2018

Dear Parents/Carers,

The following information regarding the Year 10 Formal needs to be read carefully, and sheets with required signatures returned by the due date in order for students to attend.

- Venue:** Old Parliament House, 18 King George Terrace, Parkes
- Date:** Thursday 13 December 2018
- Time:** 5.30pm -10.00pm
- Arrival:** 5.30pm - 6.15pm - Students arrive at Old Parliament House
6.30pm - Group photo on the stairs
6.45pm – Students enter King’s Hall
7.15pm – Students move to Dining Room to be seated
10.00pm- Formal ends
- Dress:** Formal
- Transport:** The school is not supplying transport to or from the venue. Students will need to be collected from the venue **by 10.00pm**.
- Cost:** The cost of formal tickets is \$160. Deposits can be paid as of Term Four, 2018 and payment plans can be negotiated through the Finance Office.
The total cost includes *access to an online web gallery of all images from the evening and a 6x9” print of their choice taken at the venue. Full payment must be paid to the school’s Finance Office by close of business **Friday 16 November 2018.***
Due to prepayment requirements of the venue we cannot accept any late payments.
- Photos:** Students will receive access to the online web gallery including photography of arrivals. One 6x9” print of their choice. Students will also have access to an open style photo booth, candid roaming photography throughout the night and unlimited prints.
- Staff:** Teachers are on duty and will ensure normal school behaviour rules apply. Students are not allowed to leave the premises during the formal. Smoking and alcohol are strictly prohibited at the event and any student found with either will be asked to leave by security.

Please complete the attached forms to give permission for your child to attend the formal. The forms need to be returned to the front office. Full payment **MUST** be made to the school’s Finance Office by **Friday 16 November 2018**. If you have any further questions, please phone the school on 6142 0700.

Kind regards,

Simon Vaughan
Principal
17 October 2018



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PERMISSION NOTE: YEAR 10 FORMAL

I, _____, hereby give permission for my son/daughter

_____ to attend the 2018 Melrose High School Year 10 Formal on Thursday 13 December 2018.

- I understand and agree to all the conditions set by the school for the school formal.
- I understand the transport arrangements involved.
- I have provided a completed medical form and have provided information regarding the immediate medical needs of my child (e.g. diabetic, anaphylactic, asthmatic or dietary requirements...)

Please select one of the following two options regarding photo permissions/access provided by Spectrum Studios Media:

- I **give** permission for my child to be included in the Year 10 Formal online web gallery provided by Spectrum Studios Media.
- I **do not** give permission for my child to be included in the Year 10 Formal online web gallery provided by Spectrum Studios Media.

MHS excursions aim to provide opportunities for full participation of all students. However, students should understand that they may be excluded from the Year 10 Formal, by the Principal, if their behaviour is such that they are on suspension or a Stage 3 agreement. The Student Services team will develop a Stop List of affected students and students may be given the opportunity to complete community service to clear all commitments in order to attend the Year 10 Formal.

Staff accompanying students at the formal 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. No students outside the school may attend the formal.

Parents should be aware that staff members are not responsible for injuries or damage to property that may occur at the formal where, in all circumstances, staff has not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. The school reserves the right to send a child home during the formal at the cost of the parent, should the child be found to have brought alcohol or cigarettes to the venue.

Parent/ Carer Signature: _____ Date: ___ / ___ / ___

Student's Signature: _____ Date: ___ / ___ / ___



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PAYMENT SLIP FOR – Year 10 Formal

Total Cost \$160

Full payment must be received by **Friday 16 November 2018**.

Amount Enclosed \$ _____ cash/credit card/cheques made out to Melrose High

Student Name: _____

Credit Card Facility MINIMUM PAYMENT \$50 (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: **Formal**

Direct payments can be made to Westpac Bank Account Number: 001658 – BSB 032777 please put family name and description of the payment (e.g. Yr. 10 Formal Surname) and email judith.rogers@ed.act.edu.au to confirm payment.



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EXCURSION 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: _____

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 |



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*Please attach Emergency Treatment Plan/Action Plan

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.....

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 medication?		Yes <input type="checkbox"/> No <input type="checkbox"/>



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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?	

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.....



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Special Diet Request Form

This form is to be completed and signed only by the person (or their parent/guardian) attending the Melrose High Formal, who has special dietary needs. Personal dietary preferences of likes or dislikes, on the other hand, are adequately catered for in the variety available in the standard meal offerings and hence no further special provisions will be made

The completed form must be received by Friday 16 November 2018.

1. Student Name.....

Email.....

2. Please tick the box(s) that apply.

- Peanut Allergy Tree Nut Allergy Egg Allergy Milk/Dairy Allergy
- Seafood Allergy Sesame Allergy Coeliac Disease Soy Allergy
- Fish/Shellfish Allergy Vegetarian Vegan Gluten/Wheat Intolerance
- Other (Please Specify):

3. Are you able to have small amounts of the allergens you have listed above? YES NO

4. Are you able to have foods which carry the warning "may contain traces of..."? YES NO

5. Please provide any other information in relation to your food allergy.

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6. Do you require Halal or Kosher meals? YES NO (Please specify)

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