



## ADHS Athletics Carnival 2019

Dear Parents and Carers,

The following details relate to an educational excursion **ADHS Athletics Carnival 2019**.  
The teachers in charge of this event will be **Lindsey Pike, Alex Scott, Rachel Burrage**

### **IMPORTANT INFORMATION:**

- Event:** Alfred Deakin High School Athletics Carnival  
**Venue:** **Woden Park enclosed oval (Athletics Track)**  
**Date:** Tuesday 7th May (or Tuesday 21st May 2019 as an alternative date in case of postponement) 9am  
**Transport:** Students are to make their own way to and from the venue. **Students will be dismissed from Woden Park at the end of the carnival (approx. 3pm).**  
**Cost:** **\$5.00** - A contribution of \$5.00 to cover the cost of venue hire has been invoiced to families. Please arrange to pay this to the Finance Office as soon as possible.  
**Food:** A fundraising BBQ for Elements will be available. Alternatively students are to bring their own lunch and snacks for the day. **Please bring a drink bottle.**  
**Clothing:** House coloured clothing, sunscreen, hat, sunglasses, appropriate athletic footwear.

### **ATTENDANCE**

**All students are expected to attend the ADHS Athletics Carnival. IT IS A NORMAL SCHOOL DAY. Normal procedures for recording and verifying student attendance will apply.**

**Please return your permission note and medical form by 2/5/19**

### **PARTICIPATION**

- The Athletics Carnival will be a competition between house groups.
- Students participating in events receive entry points for their house group.
- Your age group is the age you are turning this year 2019.

### **EVENTS**

- Programs will be issued to students at the Carnival.
- Track events will take precedence over Field events.
- All Field events require three throws or three jumps.
- Students must be aware of safety rules and not cross through allocated throwing, track or jumping areas.

### **INCLEMENT WEATHER**

- Woden Park is an all-weather track with some covered spectator seating.
- In case of **inclement weather**, announcements will be broadcast on twitter, facebook and emailed to students and parents.
- If the Carnival is cancelled students will be required to attend school and be prepared for **Day 7 lessons (3,4,5,PC,6)**
- There is an alternative date booked for 21st May 2019



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## Permission Note for Athletics Carnival

I, \_\_\_\_\_ hereby give permission for my son/daughter \_\_\_\_\_ to attend **Athletics Carnival** on 7th May 2019 (or 21st May 2019 if the 7th of May is cancelled due to weather)

I understand the transport arrangements whereby students are to make their own way to and from the venue. **Students will be dismissed from Woden Park at the end of the carnival (approx. 3pm).**

Immediate medical needs of my child (e.g. diabetic, anaphylactic, asthmatic, etc.):

### 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 required and if the school is unable to cover costs the excursion may be cancelled.

*any record of contributions is confidential.*

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

## PAYMENT FOR Athletics Carnival

**Total cost \$ 5**

**If you have already contributed via the \$15 invoice, please disregard this request Thank you**

It would be appreciated if payment, Permission note and medical note was received by 2/5/19

**Direct payments** can be made to WestpacBank Account Number: 000970 – BSB 032777 please put family name and description of the payment (**8029 surname**) and email AlfredDeakinHS.Finance AlfredDeakinHS.Finance@ed.act.edu.au to confirm payment.

**Online Payment** <http://www.adhs.act.edu.au> click into **Finance & Payment tab** and follow the prompts. Use the code **8029**



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## Medical Information and Consent Form

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 an excursion. A copy of each student's form must be taken on the excursion.

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 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: Alfred Deakin High School  
School Year: \_\_\_\_\_ Camp/Excursion: Athletics Carnival 2019

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 |

Other \_\_\_\_\_

Describe what happens for any of the conditions ticked above : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**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 four 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 (*Parent/Carer*): ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

*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.*