

Athletics Carnival – P - 6

Dear Families

The Margaret Hendry School Athletics Carnival will be held on **Wednesday 25 May** at Amaroo Playing Fields, Horse Park Drive Amaroo. This event is a **whole school** event and **no alternative programs** at school will be available.

Details of the excursion are as follows:

Date:	Wednesday 25th May 2022 Week 5
Time:	Departure from school – between 9.15am and 9.30am Return to school – between 2.00pm and 2.30pm
Destination:	Amaroo Playing Fields, Horse Park Drive, Amaroo ACT 2914
Transport:	Action Buses
Cost:	\$7.00 per child
Clothing and Equipment	Sun smart hat, sunscreen, a warm jumper (if weather is cold), appropriate clothes and footwear to run in. Please label ALL belongings
Food arrangements:	Students to bring their usual packed fruit break/recess/lunch with them to the carnival. <i>Breaks will be scheduled into the day's rotations for eating</i>
Water	All children are required to bring their own labelled drink bottles
Medication	Three staff first aid officer will be in attendance at the carnival
Preschool Ratio	Preschool staffing ratio recommendations is 1:4. Staff supporting preschool - Anita, Hayden, Dhi, Jess, Emma, Caroline, Jake, Zara, Tarnie, Helga, Shannon, Natalie, Maxine and parent volunteers/community connectors (3)

Program:

The day will involve a senior rotation of athletics events for children aged 8 and above, including shot put, discus, long jump, running and games, as well as breaks for eating.

Children aged 7 and under will engage in a rotation of activities.

Please Note - 1. High jump will not be included in our carnival for safety reasons. If your child has experience in this event (e.g., Little Athletics) and wishes to participate at the North Canberra/Gungahlin regional carnival please contact Jacob.downey@ed.act.edu.au in writing with details of their experience.

2. The 800m track event will be run on a different day to allow us to fit all the events into the schedule for the day.

End of week Preschool: Children in end of week preschool will engage in their carnival on Friday the 27 May at school. Families need to complete the permission form only.

Family involvement and volunteers:

We need families to help with time keeping, judging and to support learning coaches in running activities. If any family would like to offer their assistance on the day, please complete the section on the permission note or contact the Bernadette Allen prior to Friday 20th May via email: bernadette.allen@ed.act.edu.au. We also encourage and welcome parents/carers to come along and cheer!

NOTE /MONEY NEEDS TO BE RETURNED BY: Friday 20th May, Week 4 Term 3.

The coordinating learning coach is Bernadette Allen. All staff will be carrying mobile phones which will be used if needed for contact with the group/front office, or for calling assistance in an emergency. In case of an emergency, the educators can be contacted via the Front Office. There will also be a First Aid station set up, and emergency contact information will be held at the oval. Unacceptable behaviour will be treated as it is normally treated at school. Staff accompanying students on excursions will take all reasonable care while the 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 which 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. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

100 Sutherland Crescent, Taylor ACT 2913
Phone: (02) 6142 2800

We pay respect to the United Ngunnawal Elders Council and to the Elders both past and present of the Ngunnawal Nation for they hold the hopes and dreams for the future of the ACT and surrounding region.

PERMISSION SLIP – Athletics Carnival – Senior School

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Free ambulance transportation only applies in the ACT
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.

Permission slip

I (family member) _____ hereby give permission for my child (child's name) _____ in _____'s home learning group to attend the Athletics Carnival on the 25 May travelling by Action Bus to Amaroo Playing Fields, Horse Park Drive Amaroo.

Signed: _____ Date: _____

Payment

Please select from the below and make the payment.

Eftpos Visit the front office or call 0261422800

Quickweb (Visa/Mastercard) Quick Web Payments - <https://www.margarethendryschool.act.edu.au/payment>

Fee Option: **Excursions**

Fee code: **P-6 ATHLETICS22**

Family helpers

I can help at the Margaret Hendry School Athletics Carnival at Amaroo Playing Fields on Wednesday 25th May 2022.

Available times:

<input type="checkbox"/> 9:30 to 12:00	<input type="checkbox"/> 12:00 to 2:30
<input type="checkbox"/> ALL DAY 9:30 to 2:30	Other: _____

Name: _____ Contact Number: _____

Child's Name: _____ Child's Home Learning Group Teacher: _____

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.



**EXCURSION 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 a category 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 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/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> 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 No:		Membership No:	
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"/> 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"/> sunscreen sensitivity	

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If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: 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 <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: In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: _____

Date: _____

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