Dear Parent/Guardian,

Calwell High School will be holding the annual Cross Country Carnival on Wednesday 6 May 2015. All students are expected to participate, although students may choose to participate in a competitive or non-competitive manner. The course begins at Calwell High School and finishes at Calwell Oval and is approximately 4 kilometres in length. The course remains within the suburban area of Calwell and students will only cross one road at the pedestrian crossing on Were Street which will be supervised by two staff at all times. Students will miss their regular classes on Lines 6 and 7.

VENUE: Calwell High School and Calwell Playing Fields

DATE: 6/05/15  TIME: 12:30pm to 3:05pm

REQUIREMENTS: Runners, drink bottles and food.

COST: Nil

CONTACT TEACHER: Mr Tim Folkard or Mr Steven Deans  Ph: 6205 6833

TRANSPORT: Students will make their way to and from the carnival on foot. Students will be released at the completion of the carnival from the 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. Students who misbehave during an excursion may be excluded from further participation and/or returned home at the expense of the parent/guardian.

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 are not negligent. Parents should warn children of risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Students with an unacceptable behaviour record may be excluded from attending excursions. This decision will be made by the organising teacher in consultation with Student Services Staff, Deputy Principal and Principal.

I give permission for my child ________________________________ in tutor group ___________ to participate in the Calwell High Cross Country Carnival as outlined above.

I give permission for any images taken of my child on the day to be used in school publications YES ☐ NO ☐ (Please tick).

Medical attention may be sought if the teacher in charge deems it necessary, and I authorise the teacher to make these arrangements. I agree to meet the costs of any such decisions.

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent (please print): ____________________________________________

Signature of parent ____________________________________________________________________ Date: ____________

Principal Bruce McCourt
Casey Crescent CALWELL ACT 2905  •  Ph-62056833  •  Fax-62056827
www.calwellhs.act.edu.au
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.

<table>
<thead>
<tr>
<th>Personal Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Name:</td>
</tr>
<tr>
<td>School:</td>
</tr>
<tr>
<td>Parent/Carer:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact Telephone Nos</td>
</tr>
<tr>
<td>Business Hours:</td>
</tr>
<tr>
<td>Other Contact for Emergency:</td>
</tr>
<tr>
<td>Name of Student’s Doctor:</td>
</tr>
<tr>
<td>Medicare No:</td>
</tr>
</tbody>
</table>

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

Please tick if your child suffers any of the following:

- allergies
- blood pressure
- epilepsy
- hayfever
- nose bleeds
- anaphylaxis
- diabetes
- fainting
- headaches
- reaction to drugs
- asthma
- eczema
- fits or blackouts
- heart condition
- sight/hearing problems
- other (please specify)
  ______________________________________

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: 

<table>
<thead>
<tr>
<th>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?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Is the student presently taking any medication?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>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 students name, dosage and frequency of administration.):</td>
<td></td>
</tr>
<tr>
<td>I consent to my child receiving paracetamol for temporary pain relief?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Are you aware of any physical or psychological limitations of your child? Please give details.</td>
<td></td>
</tr>
<tr>
<td>Is there any other information which you believe may help us to provide the best possible care?</td>
<td></td>
</tr>
</tbody>
</table>

**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: ___________________________ (parent/guardian)