



18 June 2021



Dear families,

Our Wakakirri Story-Dance Performance on **Tuesday 20th July 2021**.

What will students need?

- To come to school dressed in **ACTIVE WEAR** with school appropriate footwear.
- Lunch/snacks (such as fruit or sandwiches) and drinks (such as water, juice or cordial – **NO ENERGY DRINKS**). These all need to be in a named lunch box or plastic bag.
- Light entertainment with your child's name on it (such as books, cards, small games or activities). Please **NO electronic equipment such as iPods, tablets, Nintendo DS etc** as we cannot guarantee their safety.
- As we will need to begin getting ready after our dress rehearsal, we will be providing students with pizza for dinner. Alternatively, feel free to provide a packed dinner for your child to bring with them on the day.
 - If your child has any dietary requirements, please include them on the permission note.

Performance Day Timeline

- 9-2pm** Full day rehearsal at school
- 2:15pm** Leave School.
- 2:45-4:00pm** Arrive at Canberra Theatre, induction and getting changed for dress rehearsal.
- 4:00-4:30pm** Dress rehearsal at Canberra Theatre.
- 4:30-7:15pm** Students get hair and makeup done by Duffy staff backstage at the Canberra Theatre. Students **must** stay in the theatre during this time. Dinner will be provided. This is the time when students may access their light entertainment.
- 7:15- 9.30pm** **WAKAKIRRI STORY-DANCE PERFORMANCE**
- 9.30pm** Parents must collect their child from the stage door of Canberra Theatre once they have cleaned their area, been marked off on the teacher roll and the parent has told the teacher they are taking their child. Your child needs to remain backstage with Duffy staff until the end of the evening. No parents are to be backstage at any time during the day or evening.

Please return the attached permission note and medical form to your child's class teacher by **14 July 2021**. If you have any questions at all regarding the Wakakirri Performance Day, please don't hesitate to contact Sarah Moore (sarah.moore@ed.act.edu.au).

Many thanks,

Karla Russell, Claudia Robinson and Sarah Moore

WAKAKIRRI STORY-DANCE PERFORMANCE

TUESDAY 20 JULY 2021

I give permission for my child (full name) _____ in class _____ to attend the Wakakirri Story-Dance Performance at Canberra Theatre on Tuesday 20 July 2021. I understand the students will be travelling by bus to Canberra Theatre and must be picked up after the performance around 9:30pm.

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. I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

Please complete the permission and medical note and return to school by 14 July 2021

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

Yes / No

I give permission (please indicate in box) for the school to take photos of my child and share them on Facebook and/or the school website of this excursion/activity.

Full name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: ___/___/___

Daytime Contact Person: _____ Daytime Contact Number: _____

Please list any dietary requirements for pizza below



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

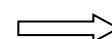
Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
School:	Duffy Primary School	Students Year/class		Camp/Excursion:	
Parent/Carer:					
Address:					
Contact Telephone Nos					
<i>Business Hours:</i>		<i>After Hours:</i>		<i>Mobile:</i>	
Other Contact for Emergency:				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"/> hayfever | <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 |

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.*

Continued over



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"/>
<p>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.</p> <p>In all cases a Medication Authorisation and Administration Record form needs to be filled out by the parent at the front office. Medication must be labelled with the student's name, dosage, and frequency of administration.</p>	
Please list below any medication your child will need to take while on excursion.	
Medication -	Medication -
Circle - am / noon /pm	Circle - am / noon /pm
Medication -	Medication -
Circle - am / noon /pm	Circle - am / noon /pm
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 _____

Parent/Carer Name: _____ Date / /