

23 April 2021

Year 5 Combined Band Rehearsal

Dear parents and carers

The Year 5 Woodwind Band will be having a Combined Band Rehearsal to be held at Chapman Primary School on Monday, 24 May. We will be travelling by bus, leaving Duffy Primary School at 12:15 pm and leaving Chapman Primary School at 2:00 pm. There will be rehearsals in the morning.

Students will be responsible for bringing and returning their instrument and music, including percussion kits with practice pad, bells and stand. Drums and music stands will be transported on the bus. Before our Combined Band Rehearsal, it is important that your child is practising at least 20 minutes every day, so they are ready to participate in the longer playing session.

Important Information:

- Venue:** Chapman Primary School
Date: Monday, 24 May 2021
Time: Depart Duffy Primary at 12:15 pm
Arrive at Duffy Primary at 2:15 pm
Cost: Included in band fees
Transport: Bus
Food: Students will need to bring lunch, and a water bottle.
What to wear: **Full School uniform**, jacket and appropriate walking shoes.
What to bring: Students will need their instruments or percussion kit, music, and a spare reed where applicable.

Please return the completed permission note and medical perform to Miss Pattie ***no later than*** Friday, 14 May 2021.

We hope all students can attend and participate in this valuable learning experience.

Kind regards,

Pattie Alexander
Year 5 Band Teacher
patricia.alexander@ed.act.edu.au

Year 5 Combined Band Rehearsal

Monday, 24 May 2021

I give permission for my child (full name) _____ in class _____ to attend the excursion to Combined Band Rehearsal. I understand the students will be travelling by bus to and from Chapman Primary School, leaving school at 12:15pm, returning at 2:15pm.

Code of Conduct and Parental Agreements:

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.

Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

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.

I agree to my child participating in the swimming/aquatic activities mentioned previously. 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 associated costs. I have provided to the school all medical information relevant to my child's attending this event.

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. I agree to provide any relevant medical information to the school to the excursion.

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 about this excursion/activity.

I have discussed with my child the need for sensible behaviour on this excursion.

Full name of Parent/Guardian (please print):

Signature of Parent/Guardian: _____ Date:

__/__/__

Daytime Contact Person: _____ Daytime Contact Number: _____



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					
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"/> 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.*

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 / /