



7 May 2021

Duffy Primary School Athletics Carnival Year 2 - 6

Dear Parents/Carers,

The Duffy Primary School Athletics Carnival has been rescheduled to be held at Chapman Community Oval on **Wednesday 19 May**. This event will include Year 2–6 students. All students in these grades will be expected to participate in the carnival. There will be no supervision or alternate program at school on this day. This carnival will be a structured event with Year 2–6 students participating in a mixture of track events, field and novelty events. Students will be transported to and from Chapman Oval by bus, leaving the school at 9.15am and returning by 3pm.

We are again looking for parent helpers to assist on the new day with judging, recording, and collecting/managing equipment.

IMPORTANT INFORMATION:

Event:	Duffy Primary School Athletics Carnival
Venue:	Chapman Community Oval
Date:	Wednesday 19 May 2021
Time:	9:15am – 2:45pm
Transport:	Bus
Cost:	Nil
Food:	Bring your own water bottle, recess and lunch. There will be no canteen available.
Clothing:	Hat, sunscreen, SunSmart clothing (covered shoulders) in house, joggers or appropriate sports shoes. House colours: Fleming = Red , Freeman = Blue and Perkins = Green

Students will be participating in age groups based on the year in which they were born. Students born in 2011 are either 10 or turning 10 this year and will participate in 10 years events.

Please note the top 2 places at our carnival will progress to the South/Weston Region carnival in the following events:

Age	Track	Field
8 years	70m, 100m (800m*)	No events at regional carnival
9 years	70m, 100m (800m*)	No events at regional carnival
10 years	100m, 200m, 800m*	Shot Put, Discus, Long Jump
11 years	100m, 200m, 800m	Shot Put, Discus, Long Jump
12 years	100m, 200m, 800m	Shot Put, Discus, Long Jump

*800m event offered as 10 years and under at regional carnival

Please complete the permission and medical notes and return it to your child's teacher **no later than Friday 14 May 2021**

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.

Regards,

Athletics Carnival Committee

**DUFFY PRIMARY ATHLETICS CARNIVAL
WEDNESDAY 19 MAY 2021**

I give permission for my child (full name) _____ in class _____ to attend the Duffy Primary Athletics Carnival held at Chapman Community Oval on Wednesday 19 May 2021. I understand the students will be travelling by bus to and from the Chapman Community Oval, leaving school at 9:15am, returning by 3:00pm.

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.

The medical information you provided for the Athletics Carnival originally scheduled on 5 May 2021 will be attached by Front Office staff to this permission note. Please let the school know if there have been changes in medical circumstances on the below line.

Medical Changes:

Please complete and return to school by Friday 14 May 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 about this excursion/activity.

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

Signature of Parent/Guardian: _____ Date: __/__/__

Daytime Contact Person: _____ Daytime Contact Number: _____

Parent Volunteer

All volunteers will be greatly appreciated. Volunteers are able to meet us at the Chapman Oval at 9:15am. If you would like to volunteer please indicate below:

I, _____ parent/carer of _____ in class _____ am able to assist at the Athletics Carnival on Wednesday 19 May 2021

Email address (please print clearly): _____

Phone 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.

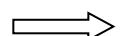
Personal Details

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"/>
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 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.	
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 / /