

INTERNATIONAL WOMENS DAY – STUDENT EVENT

15/02/2019

Dear Parents and Carers,

Your child has been invited to participate in the International Women’s Day (Student Event) and this years theme is “Achieving Equity”. The day long event is focused on empowering students to advocate and lead others in support of equity through the development of a plan for addressing issues within their school.

Students will be inspired and supported to develop their plans throughout the day by female ACT Public School Alumni who will act as facilitators and mentors. In addition students will hear inspirational stories of change from influential women in our community. The teacher in charge of this event will be Megan Johnson.

The completed permission note should be returned to the Finance Office by **Friday 1 March 2019**.

IMPORTANT INFORMATION:

- Venue:** Headley Beare Centre for Teching and Learning, Fremantle Drive Stirling Act
- Date:** Wednesday 6 March 2019
- Time:** Commence at 8:40am concluding at 3:45pm
- Transport:** Students are expected to make their own way to and from this event
- Cost:** \$0
- Food:** Morning tea and lunch will be provided. A variety of allergy friendly food will be available.

During school hours, Mount Stromlo’s front office can relay messages to students on the excursion.

If you have any questions regarding this excursion, please contact Megan Johnson on 6142 3444 or email megan.johnson@ed.act.edu.au

Regards

Megan Johnson
Mount Stromlo High School



MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE FOR INTERNATIONAL WOMENS DAY – STUDENT EVENT

I give permission for my child _____
to attend the **International Womens Day – Student Event** excursion on **Wednesday 6 March 2019**.

- Medical Consent provided early 2019 contains current information
- Medical condition has changed and I have downloaded and completed a new Medical Consent form which is attached **

I understand staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury, supervise their behaviour and activities as outlined in this note.

I am 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. I will warn my child of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

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

Full name of parent (please print): _____

Signature of parent: _____ Date: / /

***If a Student's medical condition has changed a new Medical Consent form must be completed. The form can be downloaded from the School Website - Excursion Tab - <http://www.mountstromlohs.act.edu.au> or contact the front office on 02 6142 3444 for further assistance.*

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 "Information Privacy Act 2014" and the "Health Records (Privacy and Access) Act 1997 (ACT)".

MEDICAL INFORMATION AND CONSENT FORM

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997 (ACT)*.

Personal Details

Student's Name:		Date of Birth:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
School:	MOUNT STROMLO HIGH SCHOOL				
Year Level:		Camp/Excursion:			
Parent/Carer:					
Address:					
Business Hours:		After Hours:		Mobile:	
Emergency Contacts 1:				Telephone No:	
Emergency Contacts 2:				Telephone No:	
Name of Doctor:				Telephone No:	

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"/> sun screen sensitivity |

*Please attach Emergency Treatment Plan/Action Plan

Date of last tetanus injection:	
Is the student presently taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to my child receiving paracetamol for temporary pain relief.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents must give written permission and directions for the administration of any medication taken during school or after hours school activities. Medications are to be clearly labelled with prescription details, in unopened, original packaging. Completion of the <i>Emergency Treatment Plan</i> is required.	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

Parents/carers should note that in the absence of an *Emergency Treatment Plan*, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.

PLEASE READ: In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis and asthma emergency, I consent to the provision of first aid and any treatment as outlined in the attached *Emergency Treatment Plan*. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.

Signature.....

Date.....