

2017 AUSTRALIAN VOLLEYBALL SCHOOLS CUP

02/08/2017

Dear Parents and Carers

Your son has been selected to represent Mount Stromlo High School at the 2017 Australian Volleyball Schools Cup in Melbourne from the 3 to 8 December 2017. The competition hosts hundreds of schools from all around Australia and is a fantastic opportunity for all participants to experience a fun and competitive volleyball competition. The teacher in charge of this event will be Samantha Holmes.

A permission note is attached along with medical forms and a swimming permission form as there will be opportunities to swim at the Melbourne Sports and Aquatic Centre.

The completed permission note should be returned to the front office by Wednesday 30 August 2017 with a deposit of \$300. The excursion costs are still being finalised but will be in the vicinity of \$900. Once costs are finalised a note with itemised costs and a suggested payment plan will be distributed. This note will also offer other relevant information about the trip, hotel details etc.

IMPORTANT INFORMATION:

- Venue:** **Melbourne (3 Venues)**
Melbourne Sports & Aquatic Centre (MSAC) - 30 Aughtie Drive, Melbourne VIC 3206
State Volleyball Centre (SVC) - Stud Road, Dandenong North VIC 3175
State Netball & Hockey Centre - 10 Brens Drive, Parkville VIC 3052
- Date:** Saturday 2 December 2017 to Saturday 9 December 2017
- Time:** Departing 8:00am on 2/12/2017 – Returning approximately 7:00pm 9/12/17
- Transport:** School bus
- Cost:** **Estimate \$900 (This will cover team registration, staffing, accommodation, catering, transport and entry into the pool once. Firm costings to follow shortly)**
- Deposit Cost :** **\$300.00 – (this will be deducted from the total cost)**
- Other:** 2 Team shirts are required to play in the competition. Shirts from previous years are acceptable to use. If new shirts are required they are \$40 each. Players also need to be registered with Volleyball ACT. Registration costs \$37.50 if the student is not already registered.

If you have any questions regarding this excursion, please contact Samantha Holmes on 6142 3444 or email sam.holmes@ed.act.edu.au.

Yours sincerely,

Mrs Samantha Holmes
Maths Faculty



MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE 2017 AUSTRALIAN VOLLEYBALL SCHOOLS CUP

I give permission for my child _____
to attend the **Australian Volleyball Schools Cup** excursion from **Saturday 2 December to Saturday December 2017**. I have completed the attached Medical Consent Form.

I understand 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.

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: / /

Dietary Requirements

YES NO

Please Specify: _____

DEPOSIT PAYMENT SLIP FOR 2017 AUSTRALIAN VOLLEYBALL SCHOOLS CUP DUE WEDNESDAY 30 AUGUST 2017 (WEEK 7)

Student Name: _____ TEAM : _____ Amount Enclosed \$

Payment Options: Cash Cheque Credit Card On-line Credit Card: Fee Code: VICVOLLEY

Funds Transfer via your bank website BSB 032-777 A/C 001797

Cheques – Made payable to Stromlo High School

COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:

Card No. _____ VISA MASTERCARD

Name on Card: _____ Amount \$ _____

Signature: _____ Expiry: ____ / ____ CSV: _____

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)".

Swimming Pool and Water Park Based Aquatic Activities

Medical Information and Consent Form

Dear Parents and Carers,

I am attaching a Swimming Pool and Water Park Based Aquatic Activities Medical Information and Consent Form and request that you complete and return it to the school as soon as possible.

The information you are requested to give on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998 (Cwth)* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on this form is accurate and current, you are requested to advise the school immediately of any changes that should also be reflected on the General Medical Information and Consent form kept at the school and arrange to update the form.

Management of Medical Conditions

The Directorate is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, Directorate policies require Principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy

You are asked to indicate on the attached Excursion Medical Information and Consent form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

Emergency Treatment of an Asthma Attack

Please read this section carefully and seek clarification from your family doctor if necessary. These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately.

Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems. This treatment could be life-saving and ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side effects.

Medical Services for Students attending ACT Government Schools

ACT Health advises that the following arrangements apply to students in ACT public schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT. Parents and carers of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Free ambulance cover does not apply to students in the Jervis Bay area of the ACT.

Parents and carers are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment

1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly would be appreciated.

Yours faithfully

Mrs Kate Marshall

Date: 02/08/2017



MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE FOR 2017 AUSTRALIAN VOLLEYBALL SCHOOLS CUP

I give permission for my child _____
to attend the **Australian Volleyball Schools Cup** from **Saturday 2 December to Saturday December 2017**. I
have completed the attached Medical Consent Form.

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.

Full name of parent (please print): _____

Signature of parent: _____ Date: / /

Permission for Aquatic Activities

1. **My child can swim:**

No

Yes

2. **Distance my child can confidently swim:**

10m

25m

50m

100m

3. **I agree to my child taking part in swimming / aquatic activities associated with this excursion.**

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

Signature of Parent/Carer: _____ Date: / /

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:	2017 AUSTRALIAN VOLLEYBALL SCHOOLS CUP		
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"/>
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.....