

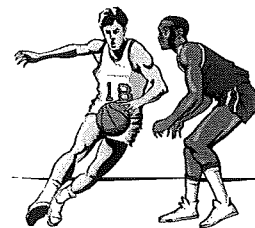
Campbell High School

Treloar Crescent Campbell ACT 2612

(Phone) 6142 3166 (Fax) 6142 3189



HEALTH & PHYSICAL EDUCATION FACULTY SCHOOL SPORTS EXCURSIONS/EVENTS NOTIFICATION



Your son/daughter has elected to participate in the Campbell High Fitness First sessions. The details of the excursion are listed below. This is a curriculum excursion.

Please note the details and also the information regarding student behaviour on the consent form attached. The completed consent form should be given to the teacher in charge.

Event: Fitness First Classes and Pilates

Location: Fitness First, Canberra Centre and Campbell High School

Day & Date: Weeks 4 to week 9 (5 sessions)

Time: Thursday long lesson

Cost per student: \$22 per person and must be paid by end of week 5, 18th of August. This price is for all 5 sessions.


Mode of transport: Students will walk with their teacher to and from Fitness First, Canberra centre.


Teacher/s in charge and attending: Ms Horan

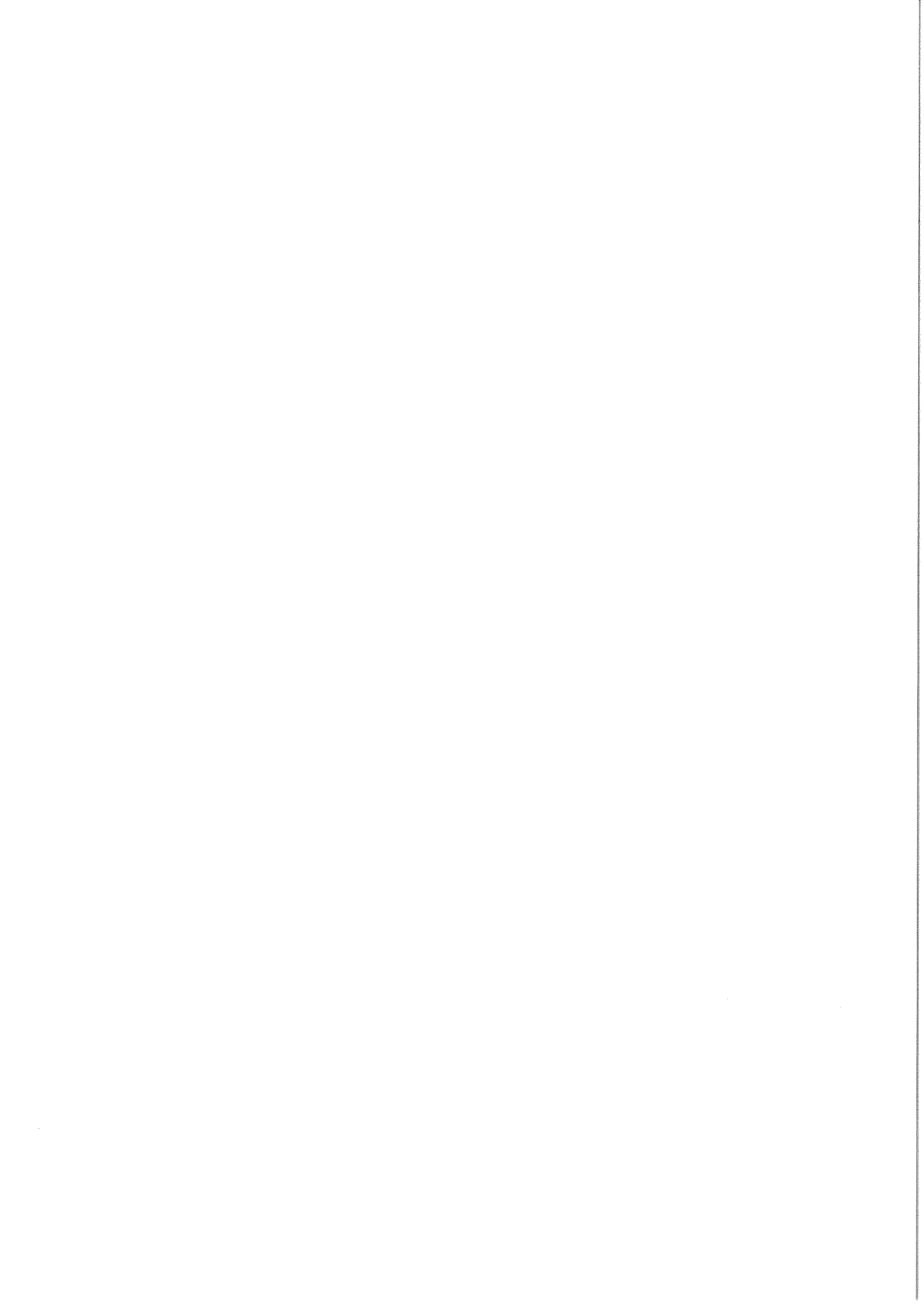
Equipment/Clothing required: PE uniform. No jeans.

Staff accompanying students on excursions will take all reasonable care while 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 advise children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

Caitlin Horan


Kerrie Heath, Principal






School Sport – Permission Note

Dear Parent/Carer,

Your son/daughter has elected to represent Campbell High School in the activity detailed below. Campbell High School places great value on student participation in sporting events. Because of this, students chosen to represent the school are expected to show exemplary behaviour both on and off the field of play. Students representing the school should understand the following.

- ✓ Normal school rules apply during all excursions.
- ✓ Unacceptable behaviour on the excursion may result in exclusion from the current activity and future sporting teams and activities.
- ✓ Staff 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.
- ✓ 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/carers should advise students of the risk to themselves, to others, and to property of inappropriate behaviour.
- ✓ Parents/carers are welcome to attend sporting events as spectators, but may only assist when invited to by the school representative.

Students representing the school should agree to the following.

- ✓ At all times cooperate with the coach, officials, teammates and opponents
- ✓ Work equally hard for myself and for my team
- ✓ Compete by the rules and abide by the referee/umpire's decisions
- ✓ Be a good sport and encourage team members
- ✓ Control my temper and make no criticism by word or gesture
- ✓ Follow instructions given by the team coach/manager
- ✓ Remain with my team in the allocated area when not competing

I agree with the above conditions and understand the following:

(student signature) _____

Excursion Title: **Fitness first sessions**

I give permission for _____ (student name)

to participate in the excursion detailed above.

I acknowledge the information given above and give permission for supervising staff to seek medical attention for my child should they believe it is necessary.

Allergies/Medical

Conditions: _____

Signed: _____ (Parent/Guardian) Date _____

Contact During Excursions (Name & Phone

Number): _____

Letter to Parents Excursion Medical Information and Consent Form

Dear Parents

I am attaching an Excursions 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 department 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, departmental 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 Government 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 guardians 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.

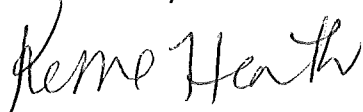
Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

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



Principal

Date: 18/11/17



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 B, 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 department 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 note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __/__/____ Sex: M F

School: _____ School Year: _____ 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: _____ Membership Number _____

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"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |

Other _____

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

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 No

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 No

If Yes, please state name of medication, dosage, etc: _____

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

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 medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

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/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Date: __/__/__
(Parent/Carer)

Signed: Date: __/__/__
(Parent/Carer)

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 whilst on the excursion.

Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.

FFIT Schools Pre-Exercise Questionnaire

Important Information for parents/guardians

The purpose of this form is to ensure we provide every child and/or adolescent with the highest level of care. For most children and adolescents, physical activity provides an opportunity to have fun and promotes the basis for good health and an enhanced quality of life for the future. There are a small number of children or adolescents who may appear to be at risk when participating in an exercise/physical activity program. We therefore ask that you read and complete this questionnaire carefully and return it to the appropriate staff member. The information contained in this form is confidential and is subject to the laws and regulations contained in the privacy laws enacted in December 2001.

Name: _____ DOB: _____ M F

Height: _____ Weight (kg): _____ BMI: _____ (if known)

How old was your child at January 1 this year?

Name/s of parent/s or guardians/s:

Home Address:

Contact ph no's:

Please note: In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

1. Does your child have, or has your child had: (please tick)

- A heart condition (please specify) Cystic Fibrosis
- Diabetes (Type I or Type II – please specify) High Blood Pressure (when was it last taken)
- High cholesterol Unexplained coughing during or after exercise
- Breathing problems or shortness of breath Epilepsy or seizures/convulsions (eg. Asthma, emphysema) Heat stroke/heat related illness
- Fainting/dizzy spells
- Increased bleeding/haemophilia

2. Does your child take any medications for (please name)

- Heart problem _____
- Epilepsy _____
- Diabetes _____
- Attention deficit disorder (ADD) _____
- Asthma/breathing problems _____
- Allergies _____
- Other (please specify) _____

Please attach your child's risk management plan in relation to the above medication/s.

3. Does your child have, or has your child had, an eating disorder? Yes No

4. In the last 6 months, has your child experienced any muscular/joint or bone pain while exercising? Yes No

If yes please explain and indicate where the pain has occurred (eg. 'Pain in the back of the right heel' or 'pain on the inside of the right elbow')

4.1 Has this pain been treated by a doctor? (Please tick) Yes No

Student Name:

School Name:

Date:

5. Has your child broken any bones or suffered injury to bones in the last 12 months? Yes No

Where and how did the break/injury occur?

6. Does your child have, or has your child had difficulty/problems with any of the following? (Please tick)

- Vision Motor sensory skills Hearing Poor balance/instability
 Speech/language Sleep apnoea

7. Has your child ever experienced a brain or spinal injury? (Please tick) Yes No

8. Does your child have any of the following chronic disability of chronic illness? (Please tick)

- Cerebral palsy Hyper mobility ADHA Obesity
 Downs Syndrome Intellectual impairment Other (please specify)
-
-
-

9. Does your child have any allergies? (Please tick) Yes No

If yes, please explain what causes have been identified with this/these allergy/ies:

10. Has your child had surgery in the last 12 months? (Please tick) Yes No

11. Is there a medical reason/condition which might prevent your child from participating in an exercise program? (Please tick) Yes No

If yes, please explain:

Informed Consent

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge, correct.
- I will inform you immediately if there are any changes to the information provided above.
- I give permission for my child to commence your physical activity program and consent to Fitness First using their image in association with any promotion or media coverage of the "FFIT Schools" programs.

Disclaimer

I acknowledge that during physical activity classes, an accident may occur involving injury or damage. In signing this form I indemnify Fitness First and its instructors from all legal actions, injury claims, loss, damage, penalties, costs arising from my child's participation in this physical activity program.

Parent/Guardian Signature: _____ Date: _____

Fitness Professional Signature: _____ Date: _____

Approved to commence physical activity program (please tick) Yes No

Signatures:

Parent/Guardian: _____ Date: _____

Fitness Professional: _____ Date: _____

Administration only: Referral to Medical Practitioner

Parent/Guardian ticked any box in Questions 1 to 3 >> Suggest referral to Medical Practitioner

Parent/Guardian ticked any box in Questions 4-11 >> Possibly refer to a Medical Practitioner or Appropriate allied health professional**

Parent/Guardian ticked no box >> Cleared to participate in physical activity program