



Melrose High School

Marr Street Pearce ACT 2607
ABN 25 459 896 375

“ A community of learners building on a tradition of
excellence”



Dear Parent/Carer

Melrose High School Come and Try day gives prospective students the opportunity to visit Melrose High School and develop an understanding of our school processes. Students will be introduced to the high school setting, while being connected to support systems the school has to offer. The day will be full of exciting relationship building activities and introductions to each learning areas context.

Please note: Recess and lunch will not be provided to students. Students need to bring fruit, recess, lunch and a drink bottle.

Student Leaders will provide one halal sausage sandwich per student.

WHEN: Tuesday 3 May 2022

TIME: 9:00am – 3:00pm

WHERE: Malcom Barlow Hall, Melrose High School

TRAVEL: Students will need to find their own way to and from Melrose High School

COST: Nil

Please complete the form to give permission for your child to participate in this activity. Completed forms need to be returned to Finance Office or email to melrosehs.events@ed.act.edu.au by Monday 2 May 2022.

Yours sincerely

Shannon Carnovale
Principal (acting)
28 April 2022



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Permission Note for Yr 6 Come and Try Day 2022

I, _____ hereby give permission for my child _____

to attend the Yr 6 Come and Try Day excursion on Tuesday 3 May. I understand the transport arrangements involved. Immediate medical needs of my child are (eg. diabetic, anaphylactic, asthmatic):

Parent contact if needed during excursion (Necessary)

Parent/Carer: Name: _____ Phone: _____

Parent/Carer: Name: _____ Phone: _____

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 that 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.

Students will be dismissed from the venue at 3:00pm to make their way home or be collected by a parent/carer.

Name: _____ has permission to be dismissed and will be travelling home by

- Public transport
- With a parent or family member

With _____

I understand that they will not be supervised from this time and are not in the care of the supervising teachers.

Parent/Carer name _____

Parent/Carer signature _____

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:		School Year:		Excursion:	Melrose HS Come and Try Day 2022
Parent/Carer:					
Address:					
Contact Telephone Nos					
<i>Business Hours:</i>		<i>After Hours:</i>		<i>Mobile:</i>	
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"/> sun screen 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 medication must be labelled with the students name, dosage and frequency of administration.):	
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