



Canberra High School  
— ESTABLISHED 1938 —

## Canberra High School Performances at ACT School Band Festival 2019

20 August 2019

Dear Parents, Carers and Band Members,

The annual ACT School Band Festival is being held in week 8 of this term and all our bands have been entered. The festival is held in Llewellyn Hall at the Canberra School of Music at ANU. Parents are welcome to watch and the performance details for each band are as follows:

### **Tuesday September 10**

#### **Year 7 Continuing Band**

- 11:30am - Leave School
- 12:30pm - Performance
- 2:00pm - Return to School

### **Wednesday September 11**

#### **Year 7 Beginner Band & Year 8 Band**

- 12:30pm - Leave School
- 1:30pm - Performance Year 8
- 2:00pm - Performance Year 7
- 3:00pm – Students will be dismissed from Llewellyn Hall or walk to an Action Bus

### **Friday September 13**

#### **Senior Concert Band & Jazz Band**

- 11:00am - Leave School
- 12:00pm - Performance Senior Band
- 12:30pm - Performance Jazz Band
- 2:00pm - Return to School

Unfortunately, the Wednesday entries couldn't be any earlier than this and we aren't able to get a bus back to school because all the bus companies are doing school runs at that time of the day. We are offering two options for this:

- Option A – Ms Britton will wait at Llewellyn Hall for parents to pick students up.
- Option B – Mr Crispin will walk students to an Action Bus Stop where they can catch a bus to the Belconnen Interchange.

The cost of the excursion will vary per student. For students attending 1 day it will be \$15 and for 2 days will be \$22. This applies to students that are in Year 7 & 8 that will play with the Senior Band and/or the Jazz Band. The only exception to this is the students on **Wednesday** who will pay \$10 as they are only catching the bus one way.

Please ***carefully*** read, sign and return the notes below ASAP as there is a lot of information! If you have anything that you would like to discuss about the excursion, or you are confused please give us a call.

#### **Holly Britton & Steve Crispin**

Community Attitude Respect Excellence Safety

Canberra High School

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# PERMISSION NOTE and MEDICAL INFORMATION

Please return this sheet, filled out front and back and with appropriate signatures as soon as possible

I give permission for my child / ward \_\_\_\_\_ in Year \_\_\_\_\_

To participate in (tick applicable events):

- ACT School Band Festival: Year 7 Continuing Band** – Tuesday September 10
- ACT School Band Festival: Year 8 Band & Year 7 Beginner Band** – Wednesday September 11  
After Concert Transport     **Option A**    or     **Option B**
- ACT School Band Festival: Senior Concert Band & Jazz Band** – Friday September 13

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

**Full name of Parent/Guardian** (please print) \_\_\_\_\_

**Phone number on the day of the excursion:** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical concerns the teacher needs to be aware of for the day:**

\_\_\_\_\_

- I authorise the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency
- I agree to meet the costs associated with any emergency arrangement made by the teacher in charge - free ambulance transportation only applies in the ACT
- I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action
- I have read the attached information regarding this excursion and understand what it contains.

Full name of parent (please print: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's contact number on the day of the excursion: \_\_\_\_\_

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education and Training.

I \_\_\_\_\_ (Student) have read and understood the code of conduct and agree to represent the school, my peers and self in a respectful manner.

While on the excursion, I will be absent from some classes. I understand that I will need to catch up on the work I will miss due to being on this excursion.

**Full name of student** (please print) \_\_\_\_\_

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_



## 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.*

**FEE CODE: BANDFEST19**

**TITLE: ACT School Band Festival 2019**

**PAYMENT OPTIONS**

1. **Payment in person** at school Front Office-between 8:15am & 2:30pm Mon-Fri  
EFTPOS facilities are available. Cheques made payable to Canberra High School
  2. **Direct Deposit:**  
Bank: Westpac  
BSB: 032777  
Acc. No. 001113  
Acc. Name: Canberra High School
  3. **Canberra High School Website:** [www.canberrahs.act.edu.au](http://www.canberrahs.act.edu.au)  
**(QUICKWEB)**
  4. **Phone Payments** – Credit Cards Phone: 6142 0800 or 6142 0807
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**PAYMENT INFORMATION (Please tick applicable excursions):**

My child is playing on the following days:

- Tuesday 10/9/19 – Year 7 Continuing Band
  - Wednesday 11/9/19 – Year 8 and Year 7 Beginner Band
  - Friday 13/9/19 – Senior Band (including Year 7 & 8) and/or Jazz Band
- 

**Please debit my**     **Mastercard**     **Visa**   

Card Number:     -     -     -

Card Expiry Date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_ Student Name: \_\_\_\_\_

Total Amount Paid:

- 1 day attendance on Wednesday      \$10
- 1 day attendance Tuesday or Friday      \$15
- 2 day attendance      \$22

Cardholders Signature: \_\_\_\_\_

Contact Phone number of Cardholder: \_\_\_\_\_