



Lakeland Senior High School

Email: lakeland_shs@education.wa.edu.au Web: http://www.lakelandshs.wa.edu.au

106 South Lake Drive, South Lake WA 6164

Tel: (08) 9412 3100

ABN: 23 386 403 754

Dear Parents/Guardians

Your Son/Daughter has been selected to represent Lakeland SHS at this year's SSWA Champion Schools Track & Field Interschool Competition.

Date: Friday 12th October (Week 1, Term 4)
Time: 8:00am – 3:00pm
Venue: WA Athletics Stadium, Stephenson Ave, Floreat, 6014
Cost: \$5 – To be paid at the front office before Friday 21st September

Students are to assemble at the school gym before 8:00am as the hired bus will be departing Lakeland SHS at 8:15am. All students must be in full school uniform.

Although there is shelter/shade at the stadium, students are advised to bring adequate clothing and footwear that meets the weather conditions and school uniform policies. School singlet's and track spikes will be provided, but students can bring their own if they have them.

There will be a canteen at the venue but students are instructed to bring enough food and water to last them throughout the day.

Please fill in the medical form on the back of this sheet and hand into the front office along with the \$5. The cost of \$5 is to cover transport to and from the venue.

Parents/Guardians are more than welcome to come and support their child on the day.

Any enquiries please don't hesitate to email or contact the teachers below.

Kind Regards
Health and Physical Education Teacher

Karoa Timms
Karoa.Timms@education.wa.edu.au
Ph: 9412 3117

SSWA Inter-School Athletics PERMISSION SLIP

Date: **12/10/2018**
Students to meet at: **Lakeland SHS Gymnasium**
Departing School: **08:15**
Returning to school: **14:15**
Cost: **\$5.00 (To be paid at the Front Office)**
Full payment and completed forms must be made by 23/09/2018.
Venue: **WA Athletics Stadium, Stephenson Ave, Floreat, 6014**
Transport Arrangements: **Contractor (Supply name) Driven by Buswest**
Supervising Teachers: **Karoa Timms 0422148277**
Students attending this event are to wear **School/Sport Uniform**

Students must have good attendance to be eligible to attend excursions. Every effort must be made to ensure all absences from school are explained. Students on Conditional Standing WILL NOT be eligible to attend.

NOTE, in addition, the following points should be noted:-

1. 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.
2. Parents / guardians 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.
3. Parents are required to inform the organisers well before the scheduled excursion departure / activity of any changes to their child's health and fitness so that appropriate supervision may be arranged where it is considered necessary.
4. Department Insurance does not cover personal accidents through misadventure nor loss or damage of personal belonging.
5. Students who display unacceptable behaviour during the excursion will be returned to the school at the expense of the parents.

PAYMENT AND PERMISSION SLIPS HANDED IN BEFORE
23/09/2018

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SSWA Inter-School Athletics PERMISSION SLIP

Cost: **\$5.00**

Excursion / Event Permission

I / We give permission for _____ of Year _____ to attend
(Student Name Printed)

WA Athletics Stadium, Stephenson Ave, Floreat, 6014 on Friday 12th October (Week 1, Term 4).

It is understood that students must wear **School/Sport Uniform**

Photo / Video Consent

Photographs &/or video footage may be taken whilst students are on this excursion / educational activity.

By signing the below permission, you hereby give permission for photographs &/or video footage to be used by both Lakeland SHS for promotional &/or marketing purposes.

Travel Consent

I give permission for my child to be driven to the event by bus/or private vehicle as described above by Buswest.

Should the need arise, I hereby give permission for my child to travel in the private vehicle of a Department of Education employee.

I, (Please Print Name) _____,

- give permission for my child (as noted above) to attend, SSWA Inter-School Athletics
- I also permit for any photo &/or video taken of my child may be used by Lakeland Senior High School for the purpose of marketing and promotions.
- Travel consent is given for transportation as per the parent information provided. I also agree that my child can be transported in a private vehicle operated by a Dept of Education Employee should the need arise.

Signed: _____

Emergency Contact Number: _____
(Must be able to be contacted on the day of the excursion)

Lakeland Senior High School PERSONAL MEDICAL INFORMATION FORM



Student Name:		
Student Contact Number:		
Date of Birth:		
Address:		
Parents Names:	Parent/caregiver 1:	Parent/caregiver 2:
Parent Contact Numbers: (mobile, home and work)	Home:	Home:
	Mobile:	Mobile:
	Work:	Work:

HEALTH and MEDICAL INFORMATION

In the event of serious medical emergency an ambulance will be called. As indicated on our enrolment forms, parents are expected to meet the cost of an ambulance in an emergency.

Please indicate if the student has ambulance cover: Yes No

Family Doctor Details: (Name, phone number)	
Medicare Number:	

HEALTH CONDITIONS

Is your child subject to fainting, epilepsy, diabetes, bleeding conditions or any other condition that may affect his/her safety whilst in the care of our staff? Yes No

If so please provide details:

ANAPHYLAXIS	Does your child require an Epi-pen to manage anaphylaxis? Yes ** <input type="checkbox"/> No <input type="checkbox"/> ** If YES, Please ensure your child has his/her Epi-Pen whilst on excursion/camp. Please list the trigger/allergen:		
ALLERGIES Is your child allergic to:-	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Any Other Drug	<input type="checkbox"/> Any Food/s
Does your child require medication if exposed to any of the above?	Yes* <input type="checkbox"/> No <input type="checkbox"/> * If YES, Please ensure your child has this medication with him/her whilst on this school activity.		
ASTHMA – Does your child have Asthma?	Yes* <input type="checkbox"/> No <input type="checkbox"/> * If YES, Please ensure your child has his/her inhaler and spacer whilst on this school activity.		

GENERAL HEALTH INFORMATION

Date of last tetanus injection	____ / ____ / ____
Does your child have any ongoing injuries or conditions that may affect their participation in activities?	Yes* <input type="checkbox"/> No <input type="checkbox"/> <small>* Please describe</small>
Is there any other medical, health or personal information staff should be aware of?	Yes* <input type="checkbox"/> No <input type="checkbox"/> <small>* Please describe</small>

MEDICATION

Is your child presently taking tablets or any other forms of medication	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please state the name of the medication, dosage and frequency of use	Name of medication: Dosage: Route: Frequency: Expiry Date: Storage:
Can your child self-administer the medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PERSON TO CONTACT IN CASE OF AN EMERGENCY, INJURY or ILLNESS: (Other than next of kin)

Name:			
Address:			
Contact Numbers:		Relationship to Student	

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an incident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of Parent/Guardian _____ Date: _____