

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 Parent / Guardian

Your son/daughter has been selected to represent Lakeland Senior High School in the upcoming Year 8 Lightning Carnival on 10th August 2018.

Students are required to be at school at 8.00am and will return to school by 3.00pm.

Venues of the Sports:

Basketball - Cockburn Basketball Stadium

Boys Soccer – Beale Park

Girls Soccer – Winthrop Park

Netball - Frank Gibson

AFL - Atwell Oval

Year 8 Lightning Carnival PERMISSION SLIP

Date: **10/08/2018**

Students to meet at: **Gym**

Departing School: **08:15**

Returning to school: **15:00**

Cost: **\$6 (To be paid at the Front Office)**
Full payment and completed forms must be made by **08/08/2018**.

Venue: **Frank Gibson Reserve, Beale Park, Atwell Reserve, Cockburn Basketball Centre**

Transport Arrangements: **Contractor (Supply name) Driven by Buswest**

Supervising Teachers: **Alastair Reid 0431415385**

Students attending this event are to wear **School 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
08/08/2018

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

Year 8 Lightning Carnival

PERMISSION SLIP

Cost: \$6

Excursion / Event Permission

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

Frank Gibson Reserve (Netball), Beale Park (Boys Soccer), Winthrop Park (Girls Soccer) Atwell Reserve (AFL), Cockburn Basketball Centre (Basketball) on 10 August 2018.

It is understood that students must wear **Full School 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.

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, Year 8 Lightning Carnival
- 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 ** ☐ No ☐

** 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:-

☐ Penicillin

☐ Any Other Drug

☐ Any Food/s

☐ Other

Does your child require medication if exposed to any of the above?

Yes* ☐

No ☐

* If YES, Please ensure your child has this medication with him/her whilst on this school activity.

ASTHMA –

Does your child have Asthma?

Yes* ☐

No ☐

* 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>

M E D I C A T I O N

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: _____