



Dear Parents/Carers,

15/06/2017

Melba Copland Secondary School will be holding dance workshops at Charnwood-Dunlop School during semester 2, 2017. The program is offered to year 2 students.

These workshops will be led by Kag Ragalthane a dance teacher from MCSS.

These workshops will lead to a performance in the **'MCSS Dance Showcase'** which will be at the beginning of November. Further information about the MCSS Dance Showcase performance will be distributed next term. There is no cost for these workshops as they are being run as a part of a collaborative schools' project to provide an insight into high school programs at Melba Copland Secondary School.

The workshops will be held at your school on a Tuesday 11.30am – 12.15pm from weeks 1 – 10 in term 3 and then weeks 1 – 3 in term 4.

**A commitment to attend all workshops and to perform in the 'MCSS Dance Showcase' in November is required if students elect to participate in the MCSS Dance Program.**

If you would like your son/daughter to participate in these workshops, please can you complete the attached permission form and medical form and return to their classroom teacher as soon as possible.

Further information regarding the end of year showcase will be given out throughout the year.

We look forward to working together to create a community dance show featuring performances from students at MCSS and our collaborative primary schools.

Yours sincerely

**Kagiso Ratlhagane**

**LSA | Regional Arts Program | Dance**

Phone 02 6142 0333 | Fax 02 6142 0343

Melba Copland | Education and Training Directorate | ACT Government

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I hereby give permission for my son/daughter \_\_\_\_\_, year \_\_\_\_ to participate in the *MCSS Dance Program*.

I understand that these workshops will run during weeks 1 – 10 of term 3 and weeks 1 – 4 of term 4 and that my son/daughter will be performing in the 'MCSS Dance Showcase' on Thursday 2<sup>nd</sup> November

I acknowledge the details listed above and give permission for the teachers in charge Joni Wood, Kag Rathagane & **Eliza Savage** to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. I have completed any relevant medical information on the forms attached.

I understand that the MCSS Showcase will be recorded and there will be a DVD of the show and I give permission for my son/daughter to feature on this and also for photographs to be taken for Dance displays at MCSS and Charnwood-Dunlop School.

Signed:.....(parent/guardian)

(Date).....

## Melba Copland Secondary School

### Medical Information and Consent Form

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: Melba Copland Secondary School.

School Year:.....

Camp/Excursion: .....

Parent/Career:  
.....

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
* need to complete emergency action plan			<input type="checkbox"/> Other

**Describe what happens for any of the conditions ticked above**

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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 labeled 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.

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Is there any other information which you believe may help us to provide the best possible care?

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**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)*

***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.***