Dear Parents

Xavier High School students over the age of sixteen will be donating blood to the Red Cross as part of the Vampires Shield Competition which runs amongst Albury schools. Your child has shown an interest in volunteering for this activity. The donations will take place at the Red Cross Blood Service in David Street, Albury.

Students who have been kind enough to volunteer will travel in small groups by taxi to and from the venue. As the Red Cross is only able to facilitate a small number of donations at any given time groups will be restricted to four and will not be accompanied by a teacher. The phone number of the Red Cross Blood Service in case of emergencies is (02) 60422015.

Students are able to donate once a year and will be assigned a donation date via roster. Students will be required to catch up on any written work which they miss in scheduled classes for that day. It is envisaged that students should only miss four hours (in total) for this activity throughout the whole year. Donations should take approximately one hour. Students are asked to ensure that they have eaten a good meal and had plenty to drink prior to the event. If your child is unable to attend this date it would be appreciated if you could notify Miss Louise Dow at the school so we can replace them.

Students will NOT be asked to pay for taxis. This will be financed through the school. NO student will be permitted to travel on their own. NO student will be permitted to drive their own vehicle.

As representatives of Xavier High School it is expected that students behave appropriately throughout the duration of the donation and the taxi trip. It would be appreciated if you could discuss this with your child prior to the event.

Helping to replenish the Red Cross Blood Bank stores is an important community service. We appreciate that your child acknowledges the importance of such a need and is willing to be involved.

Could you please complete and sign the attached consent form and send to the office along with your child’s Xavier Representative Approval Form.

If you have any queries please do not hesitate to contact me at school.

Yours Sincerely,

Ms Louise Dow
Blood donation co-ordinator

Schoology Access Code
4CP2M-FBDBW
EXCURSION CONSENT AND MEDICAL INFORMATION FORM:

Name of Student: _____________________ Year: ________ Date of Excursion: ____________

Excursion: Blood Bank Teacher in Charge: Louise Dow

I understand and agree with the activities of and arrangements made for the Excursion. During the Excursion I delegate my authority to the Supervising Staff and/or Instructors involved in the Excursion. Such teachers or instructors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group and individually.

In the event of illness or an accident that requires medical attention, I permit Supervising Staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Parent/Guardian Name: __________________ Signature of Parent/Guardian: __________________

Contact Phone Number: Home: __________ Work: __________ Mobile: __________

Date: __________

Students Homeroom: __________ Students Date of Birth: __________

Tetanus injections received: Yes [ ] No [ ] Approximate date of last injection:________

Should Parent/Guardian not be able to be contacted, in the case of injury or illness please contact:

Name: __________________ Home: __________ Mobile: __________

EXCURSION MEDICATION INFORMATION:

Please provide the following information – students are not permitted to take part in the Excursion without this information being provided.

1) Does your student have any medical condition/s that may affect his/her safety during an excursion?

   NO [ ] YES [ ] please specify below

   Eg. Asthma, fainting, seizures allergies, diabetes etc… please include any medical allergies

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

2) Will your student be carrying and or self administering any medication in relation to the condition/s listed above? 

   NO [ ] YES [ ] please specify below

   MEDICATION: Parents are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

3) Are you a member of a Private Health Fund? 

   NO [ ] YES [ ] please specify below

   Name of Private Health Fund: ______________________________________________________________________

   Private Health Fund Number: ______________________________________________________________________

   Medicare Number: ______________________________________________________________________

4) Please provide any other information about your child which will enable the organizers of the excursion to provide better care for your student.

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________