

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. Parents 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. Parents should warn children of the risk to themselves, to others and to property of impulsive, wilful or disobedient behaviour.

11 February 2020

Whole School Swimming Carnival

Dear Parents/Carers,

This year our Whole School Swimming Carnival will be held at CISAC (Canberra International Swimming and Aquatic Centre) in Belconnen on **Friday 12 March (Week 6)**. The carnival will be for all students (**K- 6**).

Cost per student. Includes, transport to and from the pool by bus, entry into pool & slide.

Departure from school All students will travel by bus to CISAC at approximately 9.15am

Departure from CISAC Kindergarten to year 2 depart CISAC at 1:15PM Years 3-6 depart CISAC at 2:15pm.

The day will be broken into two parts:

Swimming races 8yr over for competent swimmers 50m & 100m events

Structured activities All students including 25m races

Kindy to Yr 2 will participate in structured events in the toddler pool, on the grassed area and on the slide.

Years 3 to 6 students and year 2 students born in 2013, who have entered in races

will all participate in a swim proficiency test (delivered by lifeguards). All proficient swimmers that have entered events can race on the day, all other students will participate in structured activities on the grass, on the slide and in the 50m pool (as appropriate for swimming ability).

If your child is a competent swimmer and would like to participate in the competitive races, please indicate on the entry form. Please note that 25m event will be part of the structured activities rotation, allowing more students to have a go. Therefore, the competitive races in which students will receive 1st, 2nd and 3rd place ribbons and possibly (depending on times) progress to the Tuggeranong District Carnival will be 50m and 100m events only.

Only students that have nominated and have parents' permission will participate in the competitive events (50m and 100m freestyle, backstroke, breast stroke and butterfly).

Please indicate your child's water confidence or swimming ability on the permission note.

Please return the following permission note together with the payment by **Friday 26 February 2021**. Please feel free to contact me if you require any further information on Tracey.Kennedy@ed.act.edu.au.

Safety/Emergency procedures

If needed, the school can be contacted at CISAC (**02 6251 7888**). In an emergency the school has access to all pool facilities and the appropriate emergency services.

It is important that staff are aware of your child's swimming ability prior to the event. Please ensure you carefully complete the attached permission note indicating your child's swimming ability.

Volunteers

We would greatly value the assistance of volunteers for jobs such as timekeeping on the day. If you are able help, please let the front office know.



Lawrence Wackett Crescent, THEODORE ACT 2905

 (02) 614 23100  (02) 614 23121

Email: Info@theops.act.edu.au

Website: www.theops.act.edu.au





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Swimming Pool and Water Park Based Aquatic Activities -Medical Information and Consent Form

Dear Parents and Carers,

I am attaching a Swimming Pool and Water Park Based Aquatic Activities Medical Information and Consent Form and request that you complete and return it to the school as soon as possible.

The information you are requested to give on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998 (Commonwealth)* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on this form is accurate and current, you are requested to advise the school immediately of any changes that should also be reflected on the General Medical Information and Consent form kept at the school and arrange to update the form.

Management of Medical Conditions

The Directorate is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, Directorate policies require Principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy

You are asked to indicate on the attached Excursion Medical Information and Consent form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

Emergency Treatment of an Asthma Attack

Please read this section carefully and seek clarification from your family doctor if necessary. These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately. Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems. This treatment could be lifesaving and ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.



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Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side effects.

Medical Services for Students attending ACT Government Schools

ACT Health advises that the following arrangements apply to students in ACT public schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT. Parents and carers of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Free ambulance cover does not apply to students in the Jervis Bay area of the ACT.

Parents and carers are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment

1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly would be appreciated.

Yours faithfully

Tracey Kennedy – Sports coordinator





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Permission for Aquatic Activities

As a part of this assessment and to help ensure the safety of your child, please provide the following information:

Name of Child: _____ Class _____

Sporting House (circle):

Allen Fox Jennings Rodda

My child is confident in water at or above head height: No Yes

I agree to my child taking part in swimming / aquatic activities associated with this excursion. Yes

Distance my child can confidently swim:

<input type="checkbox"/> 10 metres	<input type="checkbox"/> 25 metres
<input type="checkbox"/> 50 metres	<input type="checkbox"/> 100 metres or more
<input type="checkbox"/> Other (please describe):	

FULL NAME OF PARENT / GUARDIAN
(Please print)

SIGNATURE OF PARENT/GUARDIAN

Parent contact on day of excursion

Permission Note

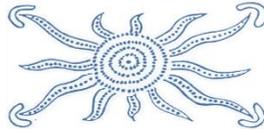
I give permission for my child
in classto attend the whole school swimming carnival on Friday 12
March (Week 6).

Does your child have any medical condition that may affect him/her on this excursion?.....

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

- Please find enclosed \$ _____ to cover the cost of the excursion
- Cash
- Credit Card: Please debit my credit card account No. _____/_____/_____/_____ Expiry Date: ____/____
- Card holder _____ Signature: _____
- WESTPAC Quick Web - <http://www.theops.act.edu.au/payment2>
- Direct Debit: School EFT Details: BSB -032777 Account No: 001834
Please include your surname in the reference field





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SWIMMING CARNIVAL ENTRY FORM - Competitive Races for 8 years and older

Entry form is to be returned on or before **Friday 26 February 2020.**

Please complete this form *clearly*.

Student's Name: _____

Date of birth: ____ / ____ / ____

Gender Male Female

Class/Teacher's Name: _____

Sporting House

- | HOUSE | Colour |
|-----------------------------------|--------|
| <input type="checkbox"/> ALLEN | Yellow |
| <input type="checkbox"/> FOX | Blue |
| <input type="checkbox"/> JENNINGS | Green |
| <input type="checkbox"/> RODDA | Red |

Full Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Your child can competently swim 50m and /or 100m and would like to participate in the following events: Please tick (✓) the events to enter below:

8 and 9 years (2013 & 2012):

- 50m Freestyle
- 50m Backstroke*
- 50m Breaststroke*
- 50m Butterfly*
- 10yrs & under event*

10-12 years (born 2011 or earlier):

- 50m Freestyle 100m Freestyle^
- 50m Backstroke 100m Backstroke^
- 50m Breaststroke 100m Breaststroke^
- 50m Butterfly 100m Butterfly^
- 10-12yrs (combined) event

