Turner School Swimming Carnival 2017
Excursion Information

3 February 2017

Dear Parents and Carers,

The following details relate to an educational excursion to the Dickson Aquatic Centre on Tuesday the 28 February 2017. All K-6 students will attend. The day will consist of structured novelty activities as well as events and races in the 50m pool. There will be no free swimming at the carnival but plenty of opportunities for children to enjoy the water activities.

The teacher in charge of this event will be Lyndsey Simcoe.

Students will be transported to and from the pool on Keirs buses. Buses will depart Turner at 9:30am. Kindergarten to year two will return to Turner at 12:30pm with the remainder of students to return at 2:15pm.

The Department of Education and Training does not provide any insurance cover for injury, disease or illness to students resulting from school activities or school organised excursions. You should be aware that there is no insurance cover for personal injury if your child is injured during the activity/excursion and should consider whether taking out personal insurance cover for your child is warranted. This insurance might cover contingencies such as medical/hospital expense, ambulance transport outside the ACT, cancellation of transport/accommodation or loss of /damage to luggage.

The cost of the excursion will be $10 ($6.00 to cover pool entry and $4.00 for the bus to and from the pool)

The ACT Government has provided each school with an equity fund to support student attendance on excursions and participation in school activities where payment is difficult. Please contact the school if you would like to access this fund for your child or organise a payment plan. All requests are confidential.

Students will need to bring a towel and clothing that is appropriate for water play, including a change of clothes for the bus at the end of the day. All students will need a sun-safe hat, a water bottle and sunscreen.

Students will need sufficient food and water to last the day. The centre does have canteen facilities that students will be allowed to access at set times. Please be aware that stocks from the canteen are limited and will not substitute for a packed lunch.

Please return the attached permission note signed and payment information included by Tuesday 21 February.

Regards

Jo Padgham
Principal

<table>
<thead>
<tr>
<th>Pool Passes</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>The school carnival does not count as a usual pool entry and as such pool passes can’t be used on the day.</td>
<td>We require a number of parent volunteers to assist on the day. If you are available please contact the office.</td>
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</table>
Turner School Swimming Carnival 2017
Excursion Consent Form

I give permission for my child __________________________________________________________
of class ___________________ to attend the Turner School Swimming Carnival at Dickson Aquatic Centre on
Tuesday 28 February travelling to and from the excursion by Keirs bus.

1. I authorise for the teacher in charge to make arrangements for the welfare of my child (including medical or surgical
treatment) in an emergency and I agree to meet the costs associated with any emergency decisions made by the
teacher in charge.

2. I agree that should my child's behaviour be such that the teacher in charge considers it warranted to return my child
home, this will be done at the expense of the parent/guardian.

3. I agree to my child travelling by private car, driven by a staff member or parent as the case may be, if the need for
such travel arises.

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 that may occur on an
excursion where, in all circumstances, staff members have not been negligent. Parents should advise children of the
risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I have read the above information and understand what it entails.

FULL NAME OF PARENT/GUARDIAN (Please print) __________________________________________

SIGNED PARENT/GUARDIAN ___________________________________ DATE: _____ /____ /____

PHONE & EMERGENCY CONTACT NUMBERS OF PARENT/GUARDIAN

________________________________________________________________________

PAYMENT INFORMATION TOTAL COST -$10

I enclose $______________

Type of Payment  Cash ☐  Cheque ☐  Internet transfer ☐  QuickWeb ☐

Please make cheques payable to Turner School.

BSB: 032777
Account No: 001850

FeeCode: SWIM2017
Permission for Aquatic Activities

To help ensure the safety of your child, please provide the following information:

1. Name of Child: ________________________________

2. School Year: ________________________________

3. My child can swim:  
   - No [ ]  
   - Yes [ ]

4. Distance my child can confidently swim:
   - 10m [ ]  
   - 25m [ ]  
   - 50m [ ]  
   - 100m [ ]

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

   Name of Parent / Carer: (please print) ________________________________

   Signature: ________________________________

   Date: ________________________________

**Please note:** Due to recent updates to the ACT Directorate’s Swimming Policy, the guidelines around assessing children have been modified. As our Turner Carnival will not include free or unstructured swimming we are not required to pre assess every child’s swimming ability.
Turner School Swimming Carnival 2017

ENTRY FORM

Only open to students 8yrs (in 2017) and older. Born in 2009 and before.

Student’s Name: 

Male or Female  (Please circle)

Year of Birth: ..........  House:  Gloucester  Gowrie  Isaacs  Stonehaven  (Please circle)

Please tick the events below you wish to enter:

Open events (no age limit):

☐ 200m Individual Medley
☐ 100m Freestyle
☐ 100m Breaststroke
☐ 100m Backstroke
☐ 100m Butterfly

Age events (eg 2004 boys 50m backstroke):

☐ 50m Freestyle
☐ 50m Breaststroke
☐ 50m Backstroke
☐ 50m Butterfly

Entries close Tuesday 21 February 2017.
Students will NOT be able to enter races if entry forms are not received by this date.

Parents please complete the declaration below and return the whole form to your child’s class teacher.

If you have any enquiries concerning the information on this note, please contact Turner School on 62056622

Thank you.

Lyndsey Simcoe

I, parent/guardian of .......................................................... acknowledge that my daughter/son is able to swim the distances and strokes for events that he/she has entered.

Signed: ..........................................................  Date: ..........................
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.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) (Turner School). This information is necessary for us to manage student participation and attendance at swimming pool and water based activity events, and support the safety of your child.

**If you do not consent to supply us with this information your child will be unable to attend/participate in the event.**

Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose.

While we will not usually disclose this information to third parties, we may share this information with other public (i.e. government) and non-government schools in the case of inter-school or inter-state events in order to manage the event effectively. We may also share information with government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency.

The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate’s website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.

**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 life saving 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.

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.

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

Jo Padgham
School Principal
Swimming Pool and Water Park Based
Aquatic Activities
Medical Information and Consent Form

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 on an excursion to a swimming pool and water park based aquatic event.

A copy of each student’s form must be taken on the excursion.

The Directorate 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: ___________________________ School Year: ___________ Camp/Excursion: ___________________________

Parent/Carer: ___________________________

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:

☐ Anaphylaxis * ☐ Allergies ☐ Fits or Blackouts ☐ Nose bleeds
☐ Asthma * ☐ Diabetes ☐ Blood pressure ☐ Hay fever
☐ Reaction to drugs * ☐ Eczema ☐ Headaches ☐ Sight/hearing problems
☐ Epilepsy * ☐ Fainting ☐ Heart condition ☐ Sun screen sensitivity

☐ Other: __________________________________________________________________________

Describe what happens for any of the conditions ticked above
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 your 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 four 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 labelled 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.

__________________________________________________________________________________

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

__________________________________________________________________________________

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 (Parent/Carer): ___________________________________________________________ Date: __ / __ / ___

Signed (Parent/Carer): ___________________________________________________________ Date: __ / __ / ___

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.