

Kaleen Primary School Senior Swimming Carnival 2019

VENUE AND PURPOSE

Canberra Indoor Swimming and Aquatic Centre, Belconnen (CISAC)

All staff from Years 3-6 will be in attendance at the carnival. It is an expectation that all students Years 3-6 will attend as no supervision will be provided for Years 3-6 students at school.

Year 2 students turning 8 years of age in 2019 (born in 2011) may choose to attend if they wish to participate in competitive races in order to be selected for the school swimming team to compete at the Belconnen regional carnival.

This year our carnival will have two components;

Part A: Competitive races for confident swimmers

Part B: Aquatic skills and water safety for less confident or non-swimmers.

DATE OF DEPARTURE Thursday 14 February 2019	
TIME OF DEPARTURE 9:15am	TIME OF RETURN 2:30pm
CLASSES INVOLVED Year 2 (8 year olds only), Years 3-6	TEACHER IN CHARGE Miss Nikki Van Huizen
ACCOMPANYING STAFF Staff from Years 3-6	MODE OF TRANSPORT Action Buses
COST PER STUDENT <small>Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.</small> \$12.00	EMERGENCY PHONE 02 6142 1750 (Kaleen Primary School) 02 6251 7888 (CISAC)

ADDITIONAL INFORMATION

Children to bring recess, lunch, snacks and drink. Swimming costume, hat, sunscreen, goggles, towel, change of clothes, etc.
100m swimmers must arrange own transport to the pool for an 8.30am start and complete and return a 100m entry form.
 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.

Please note: CISAC requires parents attending as spectators to pay an entry fee of \$2.50 per adult.

Nikki Van Huizen
Sports Coordinator

Chris Shaddock
Principal

Please fill in the attached form and return it with payment to the front office by:

Friday 8 February

Permission Note & Payment Slip

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PLEASE RETURN TO YOUR CLASS TEACHER BY Friday 8 February

Kaleen Primary School Senior Swimming Carnival 2019

Thursday 14 February 2019

9:15am to 2:30pm

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the school 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 arrangements made by the school.
- I agree to provide to the school any medical information relevant to this excursion.
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that the school is providing this excursion as an optional activity to enrich curriculum outcomes and payment is required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide this activity.
- I understand that individual records of contributions are confidential.

I hereby give permission for my child _____ in class _____ to attend the excursion to Canberra Indoor Swimming and Aquatic Centre, Belconnen (CISAC) on Thursday 14 February 2019 leaving Kaleen Primary School at 9:15am and returning at approximately 2:30pm, traveling by Action Buses.

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

I enclose \$12.00 cash as payment for this excursion

or

I have completed EFTPOS/QUICKWEB payment slip as payment for this excursion

Signed: _____
(Parent/Guardian)

Date: _____

Full Name: _____

Phone Contact: _____
(on day of excursion)

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Training and Children's, Youth & Family Services Bureau.

Permission for Swimming Carnival Activities

Name of Child: _____

Class: _____

My child will participate in **(please nominate one (1) only)**:

- Part A: competitive swimming races
- Part B: aquatic skills and water safety

My child can swim:

- Yes** (competitive swimming races)
- No** (aquatic skills and water safety)

Distance my child can confidently swim:

- 50m
- 100m

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

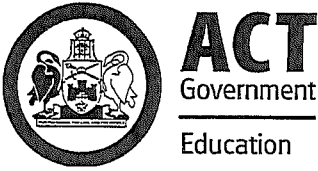
- I can assist in the water with the aquatic games and water safety.
- I can assist, but not in the water, with aquatic games and water safety.
- I can assist with time-keeping and administration.

Name of Parent/Carer: _____

Signature: _____

Date: _____

Contact Number: _____



Kaleen Primary School Senior Swimming Carnival 2019 LEDGER CODE: 8002-000-00

Payment Slip for EFTPOS and QUICKWEB

Child's Name:..... Class:.....

Please circle payment type: **CREDIT CARD** **EFTPOS** **QUICKWEB**

Minimum amount for Credit Card is \$10.00

Payment by EFTPOS

Card Type: Mastercard Bankcard Visa

Card number:

Exp.Date: /

AMOUNT: \$12.00

Cardholder's full name: _____

Child's name: _____

Cardholder's Signature: _____

Child's Class: _____

Contact phone number: _____

Ledger Code: 8002-000-00

Payment by QUICKWEB

Ledger Code: 8002-000-00

AMOUNT: \$12.00

Reference Number: _____

Date: _____

Family Name: _____

Child's Name: _____

Child's class: _____

Swimming Carnival Medical Information and Consent Form

Dear Parents and Carers,

I am attaching a Swimming Carnival 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(Cwth)* 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.

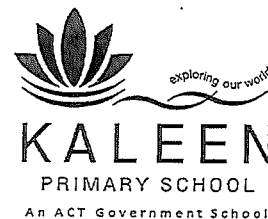
Emergency Treatment of an Asthma Attack

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 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.



Swimming Carnival
Medical Information and
Consent Form



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.

Nikki Van Huizen
(coordinating teacher)

Date: 5 February 2019

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 carnival.

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:

- | | | | |
|--|---|--|---|
| <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 |
| <input type="checkbox"/> 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 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