



2020 WANNIASSA SCHOOL SWIMMING CARNIVAL



Dear Parents and Carers,

The 2020 Swimming Carnival will be held on Tuesday 25 February at the Big Splash Waterpark, Macquarie. The Swimming Carnival will provide students with the opportunity to participate in competitive and novelty swimming activities and events that form part of the School's Physical Education program. The Physical Education faculty from the Senior Campus will be in charge of this event. All students from Years 1-10 are expected to attend the carnival and we encourage every student to participate.

The completed permission note, swimming proficiency information, medical forms and payment should be returned to the Finance Office by **Thursday 20 February 2020**.

IMPORTANT INFORMATION:

- Venue:** Big Splash Waterpark, 1 Catchpole Street Macquarie 2914
- Date:** Tuesday 25 February 2020
- Time:** Depart 9:15am and return 2:45pm
- Transport:** Bus
- Cost:** \$20.00 (\$14.00 Entry; \$6.00 Transport)
- Activities:** Competitive swimming races, (born 2012 or older) novelty races, pool and land based novelty events. Students will also be able to access (height/age appropriate) water slides from 11:30am – 1:45pm
- Food:** **Students are to bring food, water, drinks and snacks for the day. During events such as these, students are encouraged to bring extra food and water to maintain energy levels throughout the day**
- Clothing:** School uniform or House colours, hat, sunscreen, rash shirt (or equivalent) a towel, shoes, jumper, spare clothes, goggles (optional), plastic bag (for wet clothes and towels). Students are encouraged to wear their swimmers to school underneath their school uniform.
- Families:** All parents/siblings/spectators will be charged the reduced price of \$3.00 per person.

We have the opportunity for 8 volunteers to assist with our carnival. Volunteers will receive free entry. If you would like to volunteer, please contact the relevant campus (details below) as soon as possible.

Wanniassa schools Front Office can relay messages to staff and students on the excursion. During school hours contact the front office and speak directly with staff. After hours call the front office and leave a detailed message. Messages are checked regularly (until 10pm each night and after 6am).

The school has made every effort to keep costs for this activity at a reasonable level. The school has an equity fund, which can be used to provide financial assistance for students to ensure full access to the school curriculum. However, if there is insufficient total funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed. Please contact the business manager or principal via the front office to discuss further. ***Withdrawing from this excursion with less than 3 school days notices requires a medical certificate for a refund to be granted.***

If you have any questions regarding this excursion, please contact Darren McCrea (Senior Campus) on 61421870 or Elissa Blowes (Junior Campus) on 61421840.

Darren McCrea - PE Faculty

Wanniassa School

11 February 2020



WANNIASSA JC Yrs 1-6 SCHOOL PERMISSION NOTE FOR 2020 SWIMMING CARNIVAL

I give permission for my child _____ in class _____
to attend the **2020 Wanniassa School Swimming Carnival** excursion on **Tuesday 25 February 2020**.

- ☐ Medical Consent provided early 2020 contains current information
- ☐ Medical condition has changed and I have downloaded and completed a new Medical Consent form which is attached **

I understand 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.

I am 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. I will warn my child of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

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

Full name of parent (please print): _____

Signature of parent: _____ Date: / /

***If a Student's medical condition has changed a new Medical Consent form must be completed. The form can be requested from the front office on 02 6142 1870 or by emailing info@wans.act.edu.au*

PAYMENT SLIP DUE: THURSDAY 20 FEBRUARY

Student Name: _____ TEAM : _____ Amount Enclosed \$

Payment Options: Cash () Cheque () Credit Card () **On-line Credit Card**: Fee Code: SWIM

Funds Transfer via your bank website: Westpac Bank
Account name: Wanniassa School Management Account
BSB: 032 777
Account number: 001869
Customer Ref: Student name : SWIM
Cheques – Made payable to Wanniassa School

COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:

CARD No: _____ ☐ VISA ☐ MASTERCARD

Name on Card: _____ Amount: \$ _____

Signature: _____ Expiry: ____ / ____ CSV: _____

2020 WANNIASSA SCHOOL – SWIMMING CARNIVAL

Permission for Aquatic Activities

As a part of this assessment and 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: _____

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 (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.

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

Kate Marshall
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:

- | | | | |
|--|---|--|---|
| <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*