

2023 WANNIASSA SCHOOL SWIMMING CARNIVAL



ACT
Government



Dear Families,

The 2023 Swimming Carnival will be held on Tuesday 21 February at the Lakeside Leisure Centre, Greenway. The Swimming Carnival will provide students with opportunities 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 3-10 are expected to attend the carnival and we encourage every student to participate in as many events as possible. There will be no alternate activities offered on the Senior Campus on the day.**

If your child is not attending this excursion, please still complete the attached medical form as it is required at the start of each calendar year.

IMPORTANT INFORMATION:

- Venue:** Lakeside Leisure Centre, Athllon Dr&, Anketell Str, Greenway ACT 2900
- Date:** Tuesday 21 February 2023
- Time:** Arrive at 9:00am, leave at 3:00pm
- Transport:** Own way to and from venue
- Cost:** \$10.00
- Activities:** Competitive swimming races, (born 2015 or older) novelty races, pool and land-based novelty events.
- Food:** Students are to bring food, water, drinks and snacks for the day. The kiosk will be available for students to access at designated times during the day. During events such as these, students are encouraged to bring extra food and water to maintain energy levels throughout the day
- Clothing:** Students to bring appropriate swimwear for the pool and inflatables. Students years 3-6 are required to have Sunsmart clothing (hat, sleeved shirt, and sunscreen) are required to participate in the outdoor novelty events.
- Group Size:** 330 (approx)
- Contingency:** In the case of the excursion needing to be postponed or cancelled, parents and carers will be notified via email, text and facebook.

As part of the Wanniasa and the Pool's safety protocols, students are required to remain on site at all times and for the duration of the day. Students will not be able to access any external shops or food outlets.

The completed permission note, swimming proficiency information, medical forms and payment should be returned to the Finance Office by **Tuesday 14 February 2023**.

Excursion Risk Assessment: Available at the front office.

Wanniassa School
P-6 Campus: Sternberg Crescent
7-10 Campus: Wheeler Crescent
WANNIASSA ACT 2903

info@wans.act.edu.au www.wans.act.edu.au



Wanniassa school's 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 nicholas.burton@ed.act.edu.au on 61421870.

Regards

Wanniassa School

2 February 2023



2023 WANNIASSA SCHOOL SWIMMING CARNIVAL

I give permission for my child _____ to attend the Wanniassa School Swimming Carnival to Lakeside Leisure Centre as stated on the previous pages.

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected 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 associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The Medical Information and consent form attached only needs to be completed once a year prior to the first unless there are changes during the course of the year.

Will your child require any medication to be administered during the excursion? Yes No

If you answered yes to either of the above questions, please complete an updated Medical Information and Consent Form and/or Medication Authorisation and Administration Record (available through the front office).

Is there any additional information that will support your child's participation in this excursion? Yes No

If yes, please provide these details _____

Payment DUE: Tuesday 14 February 2023

To pay online by credit card please go to the school website (<http://www.wans.act.edu.au>) and click on "Payments" and use the QuickWeb system. **Fee Code: Swim2023**

Payments can also be made in person at the front office with cash, credit card or EFTPOS.

Amount Paid \$ _____ Date Paid: _____ Receipt Number: _____



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: _____



Medical Information and Consent Form

Dear Parents/Carers

MEDICAL INFORMATION AND CONSENT FORM

I am attaching a Medical Information and Consent Form for you to complete and return as soon as possible. This information will assist school staff to provide appropriate first aid support for your child.

The Medical Information and Consent Form provides general medical information and consent for first aid and the administration of authorised medications; salbutamol (Ventolin) and adrenaline in the event of a life threatening asthma or anaphylaxis emergency.

The Known Medical Condition Response Plan is required only for students with a known medical condition. It provides instruction for the management of an identified medical condition and should be completed in consultation with the treating health professional. Without this form, in an emergency situation first aid can only be given in accordance with a publicly available generalised action plan related to the condition.

If medication is required to be administered at school a Medication Authorisation and Administration Record must also be completed and returned to the school. An individual Medication Authorisation and Administration Record must be completed for each medication.

It is important that information on these forms is accurate and detailed in order to help us provide appropriate care. The Medical Information and Consent Form will be sent to you annually for your review. However, if there are changes to your child's health or medical circumstances, during the year, please inform the school immediately. You may also choose to keep certain medical information private. When making this choice, please consider whether this might affect the provision of appropriate first aid care for your child.

If an incident occurs at school or during a school-related activity in the ACT, students will be transported free of charge to the emergency section of an ACT public hospital. Parents/carers are reminded to check their health cover for ambulance transportation outside the ACT, as charges may apply.

Please complete and promptly return the attached form to assist staff to provide appropriate first aid support for your child.

Sincerely

Kate Marshall

Principal



Medical Information Requirements

All students must return:

- Medical Information and Consent Form

Students with a known medical condition which does not require medication must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan (Please request from our Front Office)

Students with a known medical condition not listed below who require medication must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Medication Authorisation and Administration Record (Please request from our Front Office)

Students with Asthma must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Asthma Management Plan downloaded from [National Asthma Organisation Website](#)
- Medication Authorisation and Administration Record

Students with Anaphylaxis must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Anaphylaxis Management Plan downloaded from [Australian Society of Clinical Immunology and Allergy Website](#)
- Medication Authorisation and Administration Record

Students with Diabetes must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Diabetes Management Plan downloaded from [Diabetes Victoria Website](#) (click on “How we help” and “Schools and early childhood settings”)
- Medication Authorisation and Administration Record

Students with Epilepsy must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Epilepsy Management Plan downloaded from [Epilepsy Action Australia Website](#) (Register and call 1300374537 for free access)
- Medication Authorisation and Administration Record



MEDICAL INFORMATION AND CONSENT FORM

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name		Date of Birth		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
School		School Year			
Parent/Carer Name		Address			
Telephone Contact		Mobile	Home	Business	
Emergency Contact 1			Telephone		
Emergency Contact 2			Telephone		
Name of Qualified Health Professional			Telephone		

Section B – Medical Information	
Please tick if your child suffers any of the following:	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Sight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
Please identify whether your child is presently taking any medication:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, the parent/carer must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i> and the <i>Known Medical Condition Response Plan</i>. 	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). 	
<p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p>	
<p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p> <p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

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 the student's school and will be made available to relevant school staff, including first aid officers, 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

Office Use Only - Student Central ID:

Date: