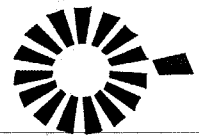




ACT
Government
Education



HARRISON
SCHOOL

Excursion to Competitive Swimming Carnival for 8 Year Olds and Over

Dear Parent/Carer

Please complete and return to the front office no later than: **Wed 8 Feb**

COST: \$17.00 Cost Covers: Travel Entry Program Other

NOTE: I accept that if my child is sick or unable to attend, **NO** refund will be provided from the school if written notification is received less than 7 days before the excursion.

Excursion date: **Monday 13 February 2017**
 Departure time: **9:10am** Return time: **2:50pm**
 Excursion venue: **Gungahlin Leisure Centre**
 Mode of transport: **Bus**
 Excursion requirements: **See back of note**

NOTE: Students going on the excursion are required to wear official school uniform

Teacher in Charge: **Deb Gordon**
 Contact details: **deborah.gordon@ed.act.edu.au**

**CHILDREN WHO HAVE NOT RETURNED A SIGNED PERMISSION FORM
WILL NOT BE ABLE TO ATTEND THE EXCURSION**

✂.....

I consent for my child _____ in _____ to attend
Competitive Swimming Carnival on Monday 13 February 2017

I have paid the amount of: **\$17.00**

CASH **CHEQUE** **WESTPAC QUICKWEB** **CREDIT CARD**

Westpac Quickweb: use PAYMENTS tab on school website home page/Credit card details provided on payment envelope

IMPORTANT - STUDENTS SHOULD BE ABLE TO COMPETENTLY SWIM 50M

Can you volunteer on the day? Yes / No (please circle)

Name: _____

I have read the information at the top and back of this permission form regarding this excursion and understand what it contains.

Signature: _____ Contact number for parent/carers during this excursion: _____
 Please tick if you hold a current Working with Vulnerable People card

Office Use Only: Family Key: OPT. FAMB Fee Code:
 Student Key: SWIMCARN



Further information:

Students aged 8 yrs (born 2009) and over who are competent swimmers are invited to compete at the Competitive Swimming Carnival. **These swimmers must be able to competently swim 50m (eg: unassisted without stopping).** Parents are welcome to attend the carnival but all students will need to travel on buses so as to enable the school to hire a special service and travel as a whole group. Spectators pay \$2.00 for entry – please pay this directly to the pool on the day.

Attached is an events note and a medical note. All completed notes and payment must be returned by Wednesday 8 February 2017 in order for students to be placed into their appropriate swimming races. **Notes submitted after this date will not be accepted.**

On the day students will participate in the Swimming Proficiency Test prior to the swimming trials. This involves the following: slide entry into pool, swim continuously 25m in an action resembling stroke, skull, float and tread water for 1 minute in deep water, call for assistance and exit the water unassisted. We value parent involvement and if you are able to volunteer, please indicate this.

House Colours:

Katoomba – Blue, Wimmera – Green, Nullarbor – Red & Mapleton – Yellow

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 authorise the teacher in charge of this excursion to make arrangements for the welfare of my child, including medical or surgical treatment in an emergency. I also agree to meet the costs associated with any emergency arrangement.

I agree that my child will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/carer if the teacher in charge considers that circumstances warrant such action.

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.

Volunteers going on excursion are required to possess and display a current Working with Vulnerable People card (WWVP), and are required to sign in as a volunteer at the front office.

While all contributions towards school events are voluntary, we welcome the support of our parent community, so that this is a viable outing for all students. If you have concerns about the payment, please contact the Principal or Business Manager on 6142 2200.

Harrison Swimming Carnival 2017

Events Note

The 2017 Harrison School Swimming Carnival will be held at the Gungahlin Leisure Centre on Monday 13 February. Please discuss the following events with your child and help them make the correct decisions about the events in which they would like to participate in. Please return this form by Monday 6 February 2017 to allow for program timetabling.

Please note: This event is for competent swimmers only.

STUDENT NAME: _____ MALE/FEMALE
DATE OF BIRTH: _____
MY CHILD'S CLASS TEACHER: _____ CLASS: _____
HOUSE: Katoomba / Wimmera / Mapleton / Nullarbor (please circle)

EVENTS (please tick)

<input type="checkbox"/> 50m freestyle	<input type="checkbox"/> 200IM – 4 x 50m medley
<input type="checkbox"/> 50m breaststroke	<input type="checkbox"/> 100m freestyle – 10 yrs and older
<input type="checkbox"/> 50m butterfly	<input type="checkbox"/> 100m backstroke – 10 yrs and older
<input type="checkbox"/> 50m backstroke	<input type="checkbox"/> 100m breaststroke – 10 yrs and older
	<input type="checkbox"/> 100m butterfly – 10 yrs and older

My child can swim (please tick) 50m 100m more

200m freestyle time _____ (this event will not be swum on the day)

I authorise the teacher in charge of this excursion to make arrangements for the welfare of my child, including medical or surgical treatment in an emergency. I also agree to meet the costs associated with any emergency treatment.

I agree that my child will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that the circumstances warrant such action.

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

I have completed the relevant medical information attached to this form.

Signed: _____ Date: _____


ACT
 Government

Education and Training

**EXCURSION 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 a category C & D excursion, overseas excursion, sports and all outdoor adventure activities. 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/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> 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 No:		Membership No:	
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"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) | | | | <input type="checkbox"/> sun screen sensitivity |
- _____

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

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 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: 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 students name, dosage and frequency of administration.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed