



**ACT**  
Government  
Education and Training



**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 27/2**

**COST: \$ 22.00** 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: **Tuesday 5 March 2019**  
 Departure time: **9:15am** Return time: **2:15pm**  
 Excursion venue: **AIS Aquatic Centre**  
 Mode of transport: **Chartered 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 for 8 year olds and over on Tuesday 5 March 2019**  
 I have paid the amount of : **\$ 22.00**

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

Westpac Quickweb: use **PAYMENTS** tab on school website home page/Credit card details provided on payment envelope  
 Westpac Quickweb receipt number : \_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_

**Office Use Only:** Family Key: \_\_\_\_\_ OPT. FAMB \_\_\_\_\_ Fee Code: **SWIM CARN**  
 Student Key: \_\_\_\_\_



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### What to Bring:

Students need to bring swimmers, cap (AIS pool requirement), towel, recess, lunch, water and spare clothes.

### Important information:

Students aged 8 years (born 2011) and over who are competent swimmers are invited to compete at the Competitive Swimming Carnival. **These swimmers must be able to competently swim 50 metres (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 school group. Spectators pay \$3.00 for entry – please pay this directly to the Reception desk at the pool on the day.

Attached is an events note and a medical note. All completed notes and payment must be returned by Wednesday 27 February 2019 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.

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.

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 2019

## Permission and Events Note

The 2019 Harrison Swimming Carnival will be held at the AIS pool on Tuesday 5 March. Please discuss the following events with your child and help them make the correct decisions about the event in which they would like to participate. Return this form by **Wednesday 27 February 2019** 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"/> 50m breaststroke <input type="checkbox"/> 50m butterfly <input type="checkbox"/> 50m backstroke	<input type="checkbox"/> 200IM - 4x 50m Medley (10yrs and over) <input type="checkbox"/> 100m freestyle (10yrs and over) <input type="checkbox"/> 100m backstroke (10 yrs and over) <input type="checkbox"/> 100m breaststroke (10 yrs and over) <input type="checkbox"/> 100m butterfly (10 yrs and over)
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My child can swim (please tick)     50m     100m     more  
200m Freestyle time \_\_\_\_\_ (This event will not be swum on the day)

I authorize 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 authorized 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.**

I give permission for my child \_\_\_\_\_ to attend the Harrison Swimming Carnival. He/ she is a **competent** swimmer capable of swimming 50m unassisted.  
I have enclosed \$22.00  
I am able/unable to assist on the day.  
Full name of Parent/Guardian (Please Print)  
\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_  
Daytime contact ph \_\_\_\_\_

Fee code: SWIM CARN



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# 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

## Swimming Pool and Water Park Based Aquatic Activities

### Medical Information and Consent Form



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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

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*