

### 7-10 Aqua Fun Day

Dear Parent/Carer

Please complete and return to the front office no later than:

**Thur 27/2**

**COST: \$20.00**

**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: **Wednesday 4 March 2020**

Departure Time: **9:15am** Return Time: **2:35pm**

Excursion Venue: **Big Splash Waterpark**

Mode of Transport: **Charter Bus**

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 **7-10 Aqua Fun Day on Wednesday 4 March 2020.**

I have paid the amount of: **\$20.00**

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

WestPac QuickWeb: Use PAYMENTS tab on school website home page/Credit card details provided on payment envelope.

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

Signature: \_\_\_\_\_ QuickWeb Receipt No. \_\_\_\_\_

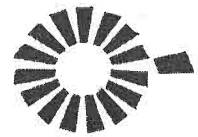
Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

**Office Use Only:** Family Key: \_\_\_\_\_  
Student Key: \_\_\_\_\_

**Fee Code:**  
**7/10AQUA20**



**ACT**  
Government  
Education



**HARRISON**  
SCHOOL

### 7-10 Aqua Fun Day

Welcome to the Harrison School Aqua Fun Day for years 7-10. It promises to be a day filled with laughter and fun as your children are gallantly led by teachers through a rotation of structured water and dry-land based activities. All students are required to participate in a **swim test**, which will take place at the beginning of the day.

**Please note- all students are expected to attend this event.**

**What to bring:** Sunscreen, hat, towel, rash shirt, drink bottle, change of clothes (students to wear swimmers to the pool) and footwear.

**Canteen:** the canteen at Big Splash will be available for recess and lunch. Students are encouraged to pack a healthy recess and lunch including a water bottle.

The **Survival Challenge Proficiency Test** is a five-step process. A student will be deemed a proficient swimmer if they can:

1. Perform a slide-in entry and walk through 5 metres of water with acceptable stability and coordination.
2. Swim continuously for 25 metres using an action that resembles a stroke.
3. Perform survival skill, float or tread water for 1 minute in deep water. Call for help once within the minute.
4. Exit water unassisted.
5. Perform a voice rescue to a buddy who is pretending to be in trouble. Reassure the victim and encourage them to a point of safety. Call for assistance.

Staff accompanying students 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 Corporate Manager on 6142 2200.

Regards

Deb Gordon



# Swimming Pool and Water Park Based Aquatic Activities

## Medical Information and Consent Form



**ACT**  
Government

Education and Training

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:

☐ Anaphylaxis \*

☐ Allergies

☐ Fits or Blackouts

☐ Nose bleeds

☐ Asthma \*

☐ Blood pressure

☐ Hay fever

☐ Reaction to drugs

☐ Diabetes \*

☐ Eczema

☐ Headaches

☐ Sight/hearing problems

☐ Epilepsy \*

☐ Fainting

☐ Heart condition

☐ Sun screen sensitivity

☐ 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

I consent to my child receiving paracetamol for temporary pain relief.                      Yes ☐ No ☐  
of administration.

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*

