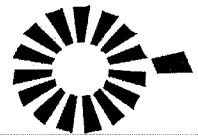




ACT
Government
Education



HARRISON
SCHOOL

Excursion to Aqua Fun Day Yrs 5 - 10

Dear Parent/Carer

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

Mon 13 Feb

COST: \$21.50 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 20 February 2017**

Departure time: **9:10am** Return time: **2:30pm**

Excursion venue: **Big Splash Water Park**

Mode of transport: **Bus**

Excursion requirements: **Bring sunscreen, hat, food & water. Further info on back**

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
Aqua Fun Day Yrs 5 - 10 on Monday 20 February 2017

I have paid the amount of : **\$21.50**

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 attached all completed notes with payment

Can you assist 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: _____

Name: _____ Please tick if you hold a current Working with Vulnerable People card

Office Use Only: Family Key: _____ OPT. FAMB _____ Fee Code: **AQUA 20/2**
Student Key: _____



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Further information:

Welcome to the Harrison School Aqua Fun Day for years 5 – 10. It promises to be a day filled with laughter and fun as your children are gallantly led by their 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. All activities will be adequately supervised by teachers and pool staff. We love spectators and helpers and would appreciate any time you can spare during the day. The dedicated sport committee will be working tirelessly up until the event to ensure it is coordinated with the utmost precision. **Please note - all students are expected to attend this event.**

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 skull, 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.

House Colours:

Katoomba – BLUE, Wimmera – GREEN, Nullarbor – RED & Mapleton – YELLOW

Please ensure all the attached notes are completed and returned with payment by Monday 13 February.

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.

Arrangements for Non-Proficient Swimmers, Code of Conduct and Parental Agreements:

An area for supervision and conduct of activities for non-proficient swimmers will be identified and designated at the pool venue. When non- proficient students enter the water for activities they will be supervised by school staff within the pool in small groups with a maximum ratio of 1:10.

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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

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.

I agree to my child participating in the swimming/aquatic activities mentioned previously. I have discussed with my child the need for sensible 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's attending this event.

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. I agree to provide any relevant medical information to the school to the excursion.

Name of Parent / Carer: (please print) _____

Signature: _____

Date: _____

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education and Training Directorate.



Swimming Carnival Medical Information and Consent Form

Dear Parents and Carers,

I am attaching a Swimming Carnival 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 lifesaving 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

Jason Holmes



ACT
Government

Education and Training

Swimming Carnival

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 carnival.

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