

## AQUA SAFE PROGRAM - Group 3 – 1/2KS, 1/2JM, 1/2SK & 1/2NH

Dear Parents and Carers,

Harrison School is excited to be offering Year 2 students the opportunity to acquire essential life skills in water safety and survival through Royal Life Saving ACT.

The ACT Education and Training Directorate provides substantial funding for Year 2 students in ACT Public Schools to participate in the new Royal Life Saving ACT *Aqua Safe* program – a 5 day program of 5 theory and 10 practical lessons (2 each day at the pool) focussed on general water safety and personal aquatic survival skills. This targeted approach will ensure every participating student has the opportunity to access structured aquatic activities during primary school.

The cost of the program is \$50 per student.

To ensure your child's inclusion in this year's program, please complete:

- 1) The online registration and payment (Registration code **As1155HAR19**) and,
- 2) The attached school permission note and Medical Information and Consent form and return to school no later than: **8 March 2019**

Sincerely

**Kylie Watson**

## AQUA SAFE PROGRAM - Group 3 – 1/2KS, 1/2JM, 1/2SK & 1/2NH

Dear Parent/s

Please read the following important information below. You will need to register your child for participation via Royal Life Saving ACT's dedicated schools' programs website (**the permission note issued by the school will not enrol your child into the program**). Instructions on how to register are provided below.

If you do not have online access, hard copy forms are available at the front office.

Hard copy forms should be returned to school no later than **8 March 2019**

### **Our Program**

Our program will begin on **Monday 25 March** and end on **Friday 29 March**. Students will attend a one hour session each day for 5 days. Our program will be held at GUNGAHLIN LEISURE CENTRE, GUNGAHLIN. You are more than welcome to attend and observe your child's progress throughout the program, please be aware that there is a spectator fee of \$2.45 to watch your child. Please pay at the venue.

### **Payment**

Payment for the program will be made online at the time of registration unless otherwise arranged with the school. Please talk to the school if you are unable to pay on line (i.e.; no credit card), you will be issued a unique voucher number after payment to the school has been made. The cost of the program is **\$50.00**.

### **Student Registration**

To register online please follow this link [www.royallifesavingact-enrol.com.au](http://www.royallifesavingact-enrol.com.au) click on REGISTER and use your child's **registration code** below: (if you have more than one child attending they may have a different registration code, please make sure that you use the correct registration code as this relates to the program they are attending as well as the time slot they are in. Thank you)

**Your child's registration code: **As1155HAR19****

**IMPORTANT:** The online enrolment portal will automatically close **2 school days** (Closes Wednesday night at midnight) prior to our program start date. Please ensure you have registered your child by this time. **If your child/ren have not been registered online or a hard copy handed to the school or RLSSA ACT office they will not be able to participate until this has been done.**

If you experience any difficulty with your online enrolment, please contact Royal Life Saving ACT directly on 6260 5800. For all other enquiries, please contact the school.

Sincerely,

**Kylie Watson**



**ACT**  
Government  
Education



**HARRISON**  
SCHOOL

18 February 2019

Dear Parents/Carers,

Harrison School is excited to be offering Year 2 students the opportunity to acquire essential life skills in water safety and survival through Royal Life Saving ACT.

The ACT Education Directorate provides substantial funding for Year 2 students in ACT Public Schools to participate in the new Royal Life Saving ACT *Aqua Safe* program – a series of 10 practical and 5 theory lessons focussed on general water safety and personal aquatic survival skills. This targeted approach will ensure every participating student has the opportunity to access structured aquatic activities during primary school. The program will run from Monday 25 March to Friday 29 March 2019.

The cost of the program is \$50 per student.

Please see below for class codes and Aqua Safe Website to register & pay for your student.

**Please note that the school does not take payment for this activity.**

<https://www.royallifesavingact-enrol.com.au/>

Class	Registration Code
1/2KW, 1/2NE, 1/2EP & 1/2LD	AS935HAR19
1/2OP, 1/2MP, 1/2JHA & 1/2BC	AS1040HAR19
1/2KS, 1/2JM, 1/2SK & 1/2NH	As1155HAR19
1/2DN, 1/2JH, 1/2SP & 1/2TJ	AS100HAR19

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**PERMISSION NOTE – Aqua Safe Program**

My child \_\_\_\_\_ of class \_\_\_\_\_ has my permission to attend the Aqua Safe program excursion from 25 March to 29 March 2019. I understand that transport will be by bus.

I have read and understand the attached information regarding this excursion and I understand that 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. 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.

Parent/Guardian Name \_\_\_\_\_

Signed \_\_\_\_\_ (parent/carer) Date: \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Please return all notes to your teacher or the front office on or before Friday 8 March 2019.  
(Teacher: Kylie Watson)

## 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:

- |  |   |  |   |
|--|---|--|---|
| <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 |

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 of administration.

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

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*