



Swimming Pool and Water Based Aquatic Activities Student Permission Form

Dear Parents and Carers,

The following details relate to an educational excursion **ADHS Swimming Carnival 2019**.
The teachers in charge of this event will be **Toni Stewart, David Reeson & Dan Childs**.

IMPORTANT INFORMATION:

- Event:** Alfred Deakin High School Swimming Carnival
Venue: **Q-One Aquatics Queanbeyan, Cnr Crawford Campbell and Antill Streets, Queanbeyan NSW**
Date: Wednesday 6th March 2019
Time: 9.00am - 3.15pm **Students will be dismissed from Alfred Deakin High School at conclusion of the carnival. Students can access regular school buses before and after the carnival.**
Transport: Students meet at Alfred Deakin High School at 9.00am. **Charter buses have been arranged for transport to and from the venue. School buses will still run for the day.**
Cost: **\$5.00** A contribution of \$5.00 to cover the cost of transportation and venue hire has been invoiced to families. Please arrange to pay this to the Finance Office as soon as possible.
Food: A fundraising BBQ for Panthers and Elements will be available, as well as a kiosk. Alternatively students are to bring their own lunch and snacks for the day. **Please bring a drink bottle.**
Clothing: House coloured clothing, sunscreen, hat, sunglasses, swimwear, and towel.

ATTENDANCE

All students are expected to attend the ADHS Swimming Carnival. IT IS A NORMAL SCHOOL DAY. Normal procedures for recording and verifying student attendance will apply.

RETURN NOTES

Please print and return your completed notes (permission and medical form) to the **Finance Office by Wednesday 27th February**. If you do not return a note and arrive at the carnival without it, you will not be allowed to swim.

PROFICIENCY TESTING

The annual Swim Proficiency Test will be completed by all students before the start of the carnival. Please ensure that your child attends this carnival to complete their test if they are planning to participate in any excursions or camps with any water-based activities this year.

PARTICIPATION

The Swimming Carnival will be a House Competition event. Students participating in events receive entry points for their house group. **Your age group is the age you are turning this year 2019.** Participation is optional but strongly encouraged.

INCLEMENT WEATHER

In case of **inclement weather**, announcements will be made via the School website/social media.

If the Carnival is cancelled students will be required to attend school and be prepared for **Day 3 lessons (Lines 4, 5, 6, 7, 1)**.



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ZONE SWIMMING TEAM

A school team will be selected from the results (best 2 performers in each event for each age group) of the carnival to participate at the Southside Zone Swimming Carnival.

SAFETY/EMERGENCY PROCEDURES

If needed, the school can be contacted at **Q-One Aquatics Queanbeyan: (02) 6285 6346**. In an emergency the school has access to all pool facilities and the appropriate emergency services.

It is important that staff are aware of your child's swimming ability prior to the event. Please ensure you carefully complete the attached permission note and medical form on reverse indicating your child's swimming ability.

Kind Regards,
David Briggs
School Principal



Alfred Deakin High Swimming Carnival Permission Note

I give permission for my child to attend the **Alfred Deakin High** swimming pool or water park based aquatic event at **Q-One Aquatics Queanbeyan** on **Wednesday 6th March 2019** travelling by **chartered bus**.

Cost: \$ 5.00 (See notes above)

Code of Conduct and Parental Agreements:

- 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.

Permission for Aquatic Activities

As a part of this assessment and to help ensure the safety of your child, please provide the following information:

1. **Name of Child:** _____

2. **School Year:** _____

3. **My child can swim:** No Yes

4. **Distance my child can confidently swim:**

10m 25m 50m 100m

5. **I agree to my child taking part in swimming / aquatic activities associated with this excursion.**

No Yes

Name of Parent / Carer: (please print) _____ Contact number: _____

Signature: _____

Date: _____



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Swimming Pool and Water Park Based Aquatic Activities 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 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: Alfred Deakin High School
School Year: _____ Camp/Excursion: Swimming Carnival 2019

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 : _____



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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.