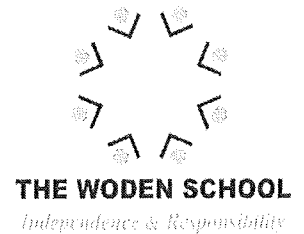




The Woden School  
Denison Street  
Deakin ACT  
2600  
Telephone (02) 61420200



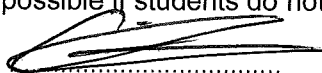
**Excursion Permission Note for the Woden School SWIMMING CARNIVAL**

Where:	Canberra International Sports & Aquatic Centre (CISAC) 100 Eastern Valley Way, Bruce ACT		
Purpose: (Links to curriculum)	Physical Education – <b>Whole School Event</b>		
Date/s:	Thursday 14 <sup>th</sup> December 2017	\$15.00. Full payment to be made by 11/12/2017	
Transport:	Chartered Action Bus & School Bus when required		
Special Requirements	School Uniform (T-Shirts) Swimming suit Towel Goggles	Dry clothes Sunscreen Swim cap	Recess and Lunch
Staff attending:	This is a whole school event. All staff and students are expected to be in attendance. However due to the nature of the activities if you feel your child is unable to participate, you will need to inform the school as soon as possible. For the students not attending this event an alternate program will be offered at school.		
Return note to:	<b>Sarah Crittenden: Middle Sub School The Woden School</b>		

Staff take all reasonable care while students are in their charge to protect them from injury and to control and supervise behaviour and activities. Parents and Carers should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where staff have not been negligent. Parents and Carers should warn students of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Please do not hesitate to contact the school if you have any questions or require further information.

Most excursions support curriculum but some are regarded as 'enrichment' activities and are not compulsory. Application for financial assistance can always be made directly to the Principal.

Many excursions involve non-refundable advance bookings and payments. Please be aware that refunds are not always possible if students do not attend.

  
Co-ordinating teacher  
Sarah Crittenden

  
Executive

  
Principal Ian Copland

I wish for \_\_\_\_\_ to attend the excursion to: Swimming Carnival 14/12/17

Teacher: Sarah Crittenden, Middle Sub School

**Payment method:** Direct deposit Y/N    Cash    Cheque    Credit – see School Website

**Account Name: The Woden School**

**BSB: 032777**

**Account Number: 001893**

Fee code: Swimcarn
-----------------------

**Please include reference 'NAME' for your payment, e.g. 'J SMITH' and Fee Code**

- I understand the information and have read the schedule of events
- I give permission for photographs of my child to be taken and displayed as appropriate
- I understand that school uniform (T shirts) are highly suitable for all excursions.

.....  
Parent/Carer name (printed)

.....  
Signature

.....  
Date



6/12/2017

Dear Parents and Carers

The following details relate to an educational excursion to Canberra International Sports & Aquatic Centre which will be the venue for this year's school swimming carnival.

The teacher in charge of this event will be Sarah Crittenden.

**IMPORTANT INFORMATION:**

**Event:** Woden School Swimming Carnival

**Venue:** Canberra International Sports & Aquatic Centre

100 Eastern Valley Way, Bruce ACT

**Date:** 14/12/2017

**Time:** 9.30am – 2.30pm

**Transport:** Chartered Action Bus

**Cost:** **\$15.00** Full payment must be made by Monday 11/12/2017

**Food:** Students are required to bring their own recess and lunch

**Clothing:** Students are required to bring their own swimming clothing and equipment

**Safety/Emergency procedures**

If needed, the school can be contacted at Canberra International Sports & Aquatic Centre. 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 indicating your child's swimming ability.

Kind Regards

Ian Copland

*School Principal*

## The Woden School Swimming Carnival

### Permission for Swimming Carnival Activities

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.**

Name of Parent / Carer: *(please print)* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# The Woden School Swimming Carnival

## Permission Note

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_  
to attend the Woden School swimming carnival at Canberra International Sports & Aquatic Centre  
on 14/12/2017 travelling by Action Bus.

I enclose nominated amount of \$ 15.00

### **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 life saving 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



Ian Copland - School Principal

Date: 6 / 12/ 2017



# 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*