Dear Parent/Guardian,

The following details relate to an educational excursion to the annual Calwell High School Aquatics Day which is being organised for all students.

**VENUE:** Canberra Olympic Pool, Corner Allara Street and Constitution Avenue

**DATE:** Friday 20/2/15  
**TIME:** 8:55am to 3:05pm

**REQUIREMENTS:** HOUSE COLOURED CLOTHING, swimwear, hat, sunscreen, food and drink (canteen available and open after 10.30am)

**COST:** $14.00 (This covers the cost of pool entry, pool hire and transport to and from the carnival.)

Notes and money must be handed into the Front Office no later than Wednesday 18th February. Students will not be able to hand notes and money in after this date. This allows time for safety checks of medical notes and other important organisational requirements.

If you can assist at the carnival, please contact the PE staff to indicate your availability.

**CONTACT TEACHERS:** Rob McLachlan, Tim Folkard, Reece Jones and Joy Terry.
Ph: 6205 6833

**TRANSPORT:** Students will meet in the morning at 8:55 at school, and will be departing from the front of the school via bus (Deane’s Bus lines) and travel to the venue. Students will return by bus (Deane’s Bus lines) to school and are to return to the school gym. Students will be dismissed at 3:05pm.

Please note that an alternative program, under minimal supervision, will be put in place at school on the day for students who do not attend the swimming carnival.

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. Students who misbehave during an excursion may be excluded from further participation and/or returned home at the expense of the parent/guardian.

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 are not negligent. Parents should warn children of risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Students with an unacceptable behaviour record may be excluded from attending excursions. This decision will be made by the organising teacher in consultation with Student Services Staff, Deputy and Principal.

As it is expected that all students will attend this carnival, payment of this financial contribution is voluntary. The Education Act 2004 states that your child will not be refused benefits or services if you do not choose to contribute. Individual records of contributions are confidential. If you require financial assistance to pay for this excursion, please contact the school, in confidence, no later than Friday 14th February.
CARNIVAL PERMISSION NOTE

Permission for swimming and aquatic activities
NOTE: The information that you provide will assist to provide a safe environment for your child’s participation in swimming/aquatic activities.
Please describe in detail your child’s swimming ability, e.g. water confidence, swimming strength, distance (swimming continuously) and ability to tread water.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list any special requirements necessary for your child to participate in swimming/aquatic activities.
__________________________________________________________________________

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

Parent/guardian signature:____________________________________ Date: ____________

I GIVE PERMISSION FOR MY CHILD ______________________________ IN _____________(TUTOR GROUP) TO ATTEND THE EXCURSION TO CANBERRA POOL ON Friday 20/02/2015 (AS OUTLINED ABOVE).

I DO NOT GIVE PERMISSION FOR ANY IMAGES TAKEN OF MY CHILD ON THE DAY TO BE USED IN SCHOOL PUBLICATIONS ☐ (Please tick).

MEDICAL ATTENTION MAY BE SOUGHT IF THE TEACHER IN CHARGE DEEMS IT NECESSARY, AND I AUTHORISE THE TEACHER TO MAKE THESE ARRANGEMENTS. I AGREE TO MEET THE COSTS OF ANY SUCH DECISIONS.

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent (please print): __________________________________________________

SIGNATURE OF PARENT ____________________________ Date: _______________
EXCURSION 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 a category B, C & D excursion, overseas excursion, sports and all outdoor adventure activities.

A copy of each student’s form must be taken on the excursion.

The department 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 *
☐ Asthma *
☐ Diabetes *
☐ Epilepsy *
☐ Allergies
☐ Blood pressure
☐ Eczema
☐ Fainting
☐ Fits or Blackouts
☐ Hay fever
☐ Headaches
☐ Heart condition
☐ Nose bleeds
☐ Reaction to drugs
☐ Sight/hearing problems
☐ 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 4 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.
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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: ................................................................. Date: .................................................................
(Parent/Carer)

Signed: ................................................................. Date: .................................................................
(Parent/Carer)

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.