

## CALWELL HIGH SCHOOL AQUATICS DAY – FRIDAY 2 MARCH 2018

Dear Parent/Carer,

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

<b>VENUE:</b>	Canberra Olympic Pool, Corner Allara Street and Constitution Avenue	
<b>DATE:</b>	Friday 2 March 2018	<b>TIME:</b> 8:55am to 3:05pm
<b>REQUIREMENTS:</b>	HOUSE COLOURED CLOTHING, swimwear, goggles, hat, sunscreen, food and drink (Fundraising sausage sizzle will be available at a cost, canteen also available)	
<b>COST:</b>	\$16.00 (This covers the cost of pool hire and transport to and from the carnival.)	
<b>CONTACT TEACHERS:</b>	Steven Deans, Tim Folkard, Reece Jones, Kate Deakin <b>Ph:</b> 02 6205 6833 <b>Email:</b> <a href="mailto:tim.folkard@ed.act.edu.au">tim.folkard@ed.act.edu.au</a>	
<b>TRANSPORT:</b>	Students will meet in the morning at 8:55am in the Gym, and will be travelling by bus to the venue. Students will return by bus to school. Students will be dismissed from school at 3:05pm.	

***Notes and money must be handed into the Front Office NO LATER than Friday 23 February 2018. This allows time for safety checks of medical notes and other important organisational requirements.***

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

*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 this is a whole school event and part of our school's curriculum, it is expected that all students will attend the carnival. There will be no supervision provided at the school on the day of the carnival. The Education Act 2004 states that your child will not be refused benefits or services if you do not choose to contribute to the cost of the event. 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 Wednesday 21 February.*



Casey Crescent,  
 Calwell, ACT 2905  
 Fax: (02) 6205 6827  
 Phone: (02) 6205 6833  
 Web: www.calwellhs.act.edu.au

**Principal: Bruce McCourt**

**COURAGE | SELF-DISCIPLINE | ACHIEVEMENT | RESPECT**

**CALWELL HIGH SCHOOL AQUATICS DAY – FRIDAY 2 MARCH 2018  
 PERMISSION NOTE**

*Please return this note and the Medical Form overleaf with all monies to the Front Office by Friday 23 February 2018.*

I give permission for my child \_\_\_\_\_ in \_\_\_\_\_ (Tutor Group) to attend the excursion to Canberra Olympic Pool on **Friday 2 March 2018** (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 /GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



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**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 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/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Student's Name: ..... Date of Birth: ..... Sex:  M  F  
 School: ..... School Year: ..... Camp/Excursion: .....  
 Parent/Carer: .....  
 Address: .....  
 Contact Telephone #'s 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*  
 Date of last tetanus injection: \_\_\_\_\_

**Please tick if your child suffers any of the following:**

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> allergies     | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis   | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma        | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other - ..... |   |  |  | <input type="checkbox"/> sun screen sensitivity |

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, (and for anaphylaxis\*, asthma\*, diabetes\* or epilepsy\* conditions) a General First Aid Plan is to be completed and provided to the school along with specific instructions provided by the doctor. This form is available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

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: \_\_\_\_\_

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 students 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? **Yes  No**

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 consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

**Signed:** \_\_\_\_\_ **Parent/Carer** **Date:** \_\_\_\_\_