

## MOUNT STROMLO SWIMMING CARNIVAL 2020

04/02/2020

Dear Parents and Carers,

The Mount Stromlo High School Swimming Carnival is fast approaching. This is a normal school day where all students are expected to attend. They will have the opportunity to make new friends, compete in competitive and novelty events, win points for their house and be selected for the Zone Swimming Carnival. It is important to note that the competitive races are not compulsory and there will be plenty of activities throughout the day for all levels of swimming ability. All students will complete a swimming competency assessment at the beginning of this event, to ensure safety. It is also important that staff members are aware of your child's swimming ability prior to the event. Please ensure you carefully complete the attached permission notes indicating your child's swimming ability.

**The completed permission note, medical consent form and payment of \$6.00 needs be returned to the Finance Office by Wednesday 12 February 2020.**

### **IMPORTANT INFORMATION:**

- Venue:** Lakeside Leisure Centre – Anketell Street – Greenway ACT 2900
- Date:** Friday 14 February 2020
- Time:** 8:50am to 3:00pm
- Transport:** Student to make their own way to and from the venue
- Cost:** **\$6 (paid to the school finance office)**
- Food:** Students to bring food and drinks for morning tea, lunch and afternoon tea. Water bottles can be refilled throughout the day. **The canteen will be open for snacks (limited menu).**

Students are expected to remain at the pool for the entire day and normal school processes are to be followed if your child needs to arrive late or depart early. At the end of the day, all students will be required to exit the venue. **Students are permitted to re-enter the pool for free after the swimming carnival but will need written permission to be submitted to teacher at the end of the day.** If needed, the school can be contacted at the Lakeside Leisure Centre. In an emergency the school has access to all pool facilities and the appropriate emergency services.

We ask for your support in ensuring that your child has a hat, water bottle and sunscreen as there will be activities outside. This carnival is the first House event for 2020. Your child is encouraged to wear their House colours and to support their house by participating in activities.

**Coolleman = Green**

**Taylor = Yellow**

**Reef = Blue**

**Oakey = Red**

If there are any problems regarding the carnival or transport issues, please call the school on 61423439.

Thank you,

PE staff – Mount Stromlo High School



**Mount Stromlo High School**  
**Swimming Pool or Water Park Based Aquatic Event**  
**Mount Stromlo Swimming Carnival 2020**

**Permission Note**

I give permission for my child \_\_\_\_\_ in TEAM \_\_\_\_\_ to

☐

**ATTEND**

☐

**NOT ATTEND** (please note that the school still requires the Medical Consent Form to be completed and returned as this will be used for other excursion throughout the year)

the **Mount Stromlo Swimming Carnival 2020** at Lakeside Leisure Centre on **Friday 14 February 2020** travelling by **private arrangement**.

**PLEASE RETURN YOUR PERMISSION NOTE, MEDICAL CONSENT FORM AND PAYMENT TO THE  
FINANCE OFFICE BY Wednesday 12<sup>th</sup> FEBRUARY 2020.**

**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.*

Full name of Parent / Carer: (please print) \_\_\_\_\_

Signature of Parent / Carer: \_\_\_\_\_ Date: \_\_\_\_\_

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 "Information Privacy Act 2014" and the "Health Records (Privacy and Access) Act 1997 (ACT)".



## Permission for Aquatic Activities

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

Name of Child: \_\_\_\_\_ TEAM: \_\_\_\_\_

1. My child can swim:

☐

No

☐

Yes

2. Distance my child can confidently swim:

☐

10m

☐

25m

☐

50m

☐

100m

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

Full name of Parent/Carer (please print): \_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_ Date:     /     /

## PAYMENT SLIP FOR MOUNT STROMLO SWIMMING CARNIVAL 2020 DUE WEDNESDAY 12th FEBRUARY 2020

Student Name: \_\_\_\_\_ TEAM : \_\_\_\_\_ Amount Enclosed \$

Payment Options: Cash ( ) Cheque ( ) Credit Card ( ) On-line Credit Card: Fee Code: SWIM

Funds Transfer via your bank website BSB 032-777 A/C 001797

Cheques – Made payable to Mount Stromlo High School

### COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:

CARD No: \_\_\_\_\_ ☐ VISA ☐ MASTERCARD

Name on Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_ CSV: \_\_\_\_\_



# Medical Information and Consent Form

Dear Parents and Carers,

I am attaching an Excursions 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 department 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, departmental 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 lifesaving 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 Government 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 guardians 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 guardians 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

Mr Peter Radford

Date: 30/01/2020



## EXCURSION MEDICAL INFORMATION & 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 A,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 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/carers note that in the absence of an Emergency Treatment Plan only standard First Aid will be administered.

### Personal Details

Student's Name:				Date of Birth:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
School:	<b>MOUNT STROMLO HIGH SCHOOL</b>			School Level:		Team:	
Excursion:							
Parent/Carer:							
Address:							
Business Hours:		After Hrs:		Mobile:			
Emergency Contact:					Telephone No:		
Name of Doctor:					Medicare No:		
Private Health Fund:					Membership No:		
Ambulance Fund: <b>NOTE : Parents are responsible for ambulance costs outside the ACT.</b>							

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"/> hay fever       | <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 (please specify) _____ |   |  |  | <input type="checkbox"/> sun screen sensitivity |

\*If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Plans are available from the school. **NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.**

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 <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the excursion			
Is the student presently taken any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, please state name of medication, dosage, etc. (Please note: 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.)			
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 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.

Signature.....

Date.....