



CHARLES CONDER PRIMARY SCHOOL

COMMITMENT TO EXCELLENCE

In a Caring, Cooperative, Purposeful, and Success Oriented Environment



22nd February 2018

Charles Conder Primary Swimming Carnival and Aquatic Day

Wednesday 14th March 2018

- **Times:** The bus will depart from school at approximately 9:20am and will return to school at approximately 2pm (Graham and Whatley) and 2:45pm (Tanner and Morimoto).
- **Cost:** \$10 per student (Includes pool hire). If paying by credit card or direct payment please complete the payment form attached. Through the P&C's strong fundraising efforts and the fantastic community support, the P&C has kindly paid for the bus travel. We are very grateful for this donation; this significant contribution has consequently lowered the cost for all students to attend our school swimming carnival.
- **Transport:** We will be travelling to and from the venue by bus
- **Staff Attending:** All Charles Conder Primary School Staff will be attending the event.
- **What to bring:**

-swimmers	-towel	-bag for wet clothes
-goggles (optional)	-recess and lunch	
-sun cream	-hat	

Dear Parents,

Charles Conder Primary School will be holding its Swimming Carnival and Aquatic Day on **Wednesday 14th March** at **Lakeside Leisure Centre in Tuggeranong**.

The excursion will be offered to all primary school students (K-6).

The event will operate in two components. K-2 students will participate in a variety of age and ability appropriate activities with their classroom teacher. Students will participate in highly structured activities either in the program pool (maximum depth is no higher than waist height) or outside in the water park (ankle deep water). Swimming proficiency is not required to attend the day as these activities will be heavily supervised and non-competitive in shallow water. If you have any concerns or questions, please contact your child's classroom teacher.

Students in 3-6 will also participate in a range of structured water activities based on ability groupings.

All students aged 8 years and over will be given the opportunity to nominate and swim in the competitors' section of the carnival. This Expression of Interest will be sent out on a separate note and will need to be returned prior to the day.

Please complete all attached forms and return to the front office along with payment by Friday 9th March.



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Please note there are 4 notes to be returned;

- **Payment advice(page 3)**
- **Aquatic Day permission note(page 4)**
- **Permission for Aquatic Activities(page 5)**
- **Medical Information Parts 1 and 2.(pages 6 and 7)**

Information for Parents and Spectators

Parents and spectators are welcome to attend this event. Spectators are asked to assemble in the designated areas at each event site. There will be a cost of \$2.20 for entry to the pool.

Volunteers who are available to provide assistance on the day are asked to fill in and return the slip below.

Jon Tucker

Sports Coordinator

Parent Assistance Form- Please return

If you are able to help out on the day please complete the section below and return to the front office.

I am able to help out with the Whole School Swimming Carnival and Aquatic day.

THANK YOU - your offer to help is greatly appreciated.

Name _____

Phone _____



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Payment form- Swimming Carnival and Aquatic Day 2018
(Please return to the front office)

- I have enclosed a cash payment of \$10.
- I have enclosed credit card details for the payment of \$10.

Child's Name: _____

Child's Class _____

Parent Name (Print): _____

Direct Payment form

Student's Name _____ **Class** _____

Payment For (excursion/activity): **Swimming Carnival and Aquatic Day 2018**

CREDIT CARD PAYMENT

DIRECT PAYMENT

Payment Transaction reference number:

Mastercard Visa Expiry Date: _____

The School account details are:

Card Number: - - - - - Bank: WESTPAC

Amount \$ _____

Account Name: Charles Conder Primary

Card Holders Name: _____ BSB Number: 032-777



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Cardholders Signature: _____ Account Number: 001156

Safety/Emergency procedures

If needed, the school can be contacted at Lakeside Leisure Centre (6293 3122). 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 accurately complete the attached permission note indicating your child's swimming ability.

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:** _____ **Class** _____

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: _____



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Swimming Carnival and Aquatic Day 2018 Permission Note

I give permission for my child _____ in class _____ to attend the Charles Conder Primary School Swimming Carnival and Aquatic Day at Lakeside Leisure Centre on Wednesday 14th March 2018.

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 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 for the excursion.

Name of Parent / Carer: *(please print)* _____

Signature: _____

Date: _____



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Medical Information Part 1

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: Charles Conder Primary School School Year: _____ Camp/Excursion: Aquatic Day

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 |
| <input type="checkbox"/> 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.

Medical Information Part 2

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