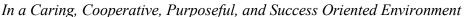


COMMITMENT TO EXCELLENCE





22nd February 2018

Charles Conder Primary Swimming Carnival and Aquatic Day Wednesday 14th March 2018

- <u>Times:</u> 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).
- <u>Cost:</u> \$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 14**th 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.

Commitment to Excellence

CHARLES CONDER PRIMARY SCHOOL

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

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				
Talon / Solotano Form Fisaso Fotam				
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				





COMMITMENT TO EXCELLENCE In a Caring, Cooperative, Purposeful, and Success Oriented Environment

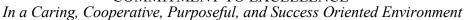
<u>Payment form- Swimming Carnival and Aquatic Day 2018</u> (Please return to the front office)

□ I have enclosed a cash payment of \$10.				
□ I have enclosed credit card details for the payr	ment of \$10.			
Child's Name:				
Child's Class				
Parent Name (Print):				
Dire	ect Payment form			
Student's Name	Class			
Payment For (excursion/activity):	Swimming Carnival and Aqua	atic 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		
	D 2 60			

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COMMITMENT TO EXCELLENCE



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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.







Fermission for Aquatic Activities				
As a part of this assessment and to help ensure the safety of your child, please provide the following information:				
1.	L. 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
 I agree to my child taking part in swimming / aquatic activities associated with this excursion. 				
Name o	of Parent / Carer: (please print)			
Signatu	ıre:			
Date: _				







Swimming Carnival and Aquatic Day 2018 Permission Note

I give permission for my child	in class	to
attend the Charles Conder Primary School Swimmir	ng Carnival and Aquatic Day at La	keside Leisure
Centre on Wednesday 14 th March 2018.		
Code of Conduct and Parental Agreements:		
Staff accompanying students on excursions will take all reason	able care while the students are in their o	charge to protect
$them\ from\ injury\ and\ to\ control\ and\ supervise\ their\ behaviour$	and activities. Unacceptable behaviour w	ill be treated as it
is normally treated at school, (reminders, time out in a designation)	ated spot, and exclusion from an activity)	but with the
additional factor that the student may be returned to school sha	ould the behaviour be extreme or overly p	versistent.
Parents should be aware that staff members are not responsible	e for injuries or damage to property whic	ch may occur on an
excursion where, in all circumstances, staff have not been negl	igent. Parents should warn children of th	e risk to
themselves, to others and to property, of impulsive, wilful or di	sobedient behaviour.	
I agree to my child participating in the swimming/aquatic act	ivities mentioned previously. I have discu	issed 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	l I agree to meet the associated costs. I h	ave provided to the
school all medical information relevant to my child attending t	his event.	
I agree that my child will be under the authority of the scho	ol for the duration of the excursion and	l that the school is
authorised to return my child to school or home at my expen	se if the school considers that circumsta	inces warrant such
action. I give permission for my child to travel by private co	ır, driven by a staff member or parent,	in an emergency. I
agree to provide any relevant medical information to the school	ol for the excursion.	
Name of Parent / Carer: (please print)		
Signature:		
Date:		
Date.		



COMMITMENT TO EXCELLENCE



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

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.

doctor. This form is available from the school.

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/Fami	ly name:	Given/preferred n	name:
Date of Birth://	Sex:] F	
School: Charles Con	der Primary School	School Year: C	Camp/Excursion: Aquatic Day
Parent/Carer:			
Address:			
Contact Telephone Nos -	- Business Hours:		
After Hours:		Mobile:	
Other Contact for Emerg	ency:	Telephone No:	
Name of Student's Docto	or:	Teleph	one No:
Medicare No:	Private Health	Fund:	Membership Number
Ambulance Fund: Note: Please tick if your child		for ambulance costs outsi	de the ACT.
☐ 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 conditio	ns ticked above	
provided by your child's Yes No	doctor) in addition to st	andard first aid treatment	first aid treatment (that is, specific instructions?



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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	d 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	Was DNs D
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 No
If Yes , please state name of medication, dosage, etc:	
NB. If this information should be reflected on the General Medical Inform form kept at the school, please inform the school of the changes and arran Parents must give written permission and directions for the administration of a during the excursion. The teacher in charge must be informed about the management of any medicat an excursion. Arrangements need to be agreed on the transport, storage and accommedication. In all cases medication must be labelled with the student's name,	ige to update the form. ny medication taken ion prior to leaving on lministration of
of administration. Are you aware of any physical or psychological limitations of your child? Plea	ase 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	
emergency, I/we consent to the school providing first aid or treatment as outlined in a spe	cific 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 undert	ake 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