

21st March 2018

Year 1 Swim and Survive Swimming Program

Dear Parent/carer

Charles Conder Primary Schools is excited to be offering Year 1 students the opportunity to acquire essential life skills in water safety and survival through Royal Life Saving ACT.

Charles Conder Primary School has substantially funded the program for all Year 1 students. The program is a series of 5 practical lessons focussed on general water safety and personal aquatic survival skills. This targeted approach will ensure every participating student has the opportunity to access structured aquatic activities during primary school. In past years the program has involved 10, thirty minute lessons, however this year each lesson will run for 1 hour. This is to provide students with a greater in-depth focus for each session.

The cost of the program is \$50 per student.

Please read the following important information below. You will need to register your child for participation via Royal Life Saving ACT's dedicated schools' programs website (**the permission note issued by the school will not enrol your child into the program**). Instructions on how to register are provided below.

If you do not have online access, hard copy forms are available at the front office.

Hard copy forms should be returned to school no later than **13th April**.

Our program will begin on **30th April** and end on **4th May**. Students will attend a 60-minute lesson each day for 5 days. Our program will be held at **LAKESIDE LEISURE CENTRE, GREENWAY**. You are more than welcome to attend and observe your child's progress throughout the program, please be aware that there may be a spectator fee to pay to watch your child.

Payment

Payment for the program will be made online at the time of registration unless otherwise arranged with the school. Please talk to the school if you are unable to pay on line (i.e.; no credit card), you will be issued a unique voucher number after payment to the school has been made. The cost of the program is \$50 including daily bus transport.

Student Registration

To register online please follow this link www.royallifesavingact-enrol.com.au click on REGISTER and use your child's **registration code** below: (if you have more than one child attending they may have a different registration code, please make sure that you use the correct registration code as this relates to the program they are attending as well as the time slot they are in. Thank you)

Your child's registration code:

SS1155CHCO18

IMPORTANT: The online enrolment portal will automatically close **3 business days** (Closes Tuesday night at midnight) prior to our program start date. Please ensure you have registered your child by this time. **If your child/ren have not been registered online or a hard copy handed to the school or RLSSA ACT office they will not be able to participate until this has been done.**

If you experience any difficulty with your online enrolment, please contact Royal Life Saving ACT directly on 62605800. For all other enquiries, please contact the school.

Sincerely,

Jason Walmsley-Principal

Jon Tucker-Swimming Coordinator

Year 1 Swim and Survive Swimming Program

I give permission for _____ to attend the Year 1 Swim and Survive Program at the Lakeside Leisure Centre from Monday 30th April – Friday 4th May.

I understand that transport will be by bus. Students will be picked up each day at 11.35 and will be return to school by 1.30pm.

Staff accompanying students 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. Parents should be aware that staff members are not responsible for injuries or damage to property, which may occur 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 authorize the teacher in charge to make arrangements, medical or otherwise, necessary for the welfare of my child, and agree to meet any costs incurred. I have read the information regarding this excursion and agree and understand what they contain.

I have notified the supervising teacher of any medical condition that may affect my child's participation in this school sporting event.

Medical condition(s) - Continue overleaf if required _____

Treatment plan _____

Signed: _____ Date: _____ Print Name: _____

Parent contact details:

Name _____ Relationship _____ Mobile phone _____

Signed: _____

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 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 should be administered.

Personal Details

Student's Name:		Date of Birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> 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 No:	Membership No:			
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"/> 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 (please specify) | | | | <input type="checkbox"/> sun screen sensitivity |

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma 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 camp/excursion	
Is the student presently taking 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.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.

Signed

