



Lyneham Primary School
Preschool to Year 6



16/11/17

Big Splash Water Park

Dear families,

To celebrate the end of year for Year 6 a Fun Day for has been organised for students at the Big Splash Water Park in Macquarie.

Date:	Friday 15th December 2017
Venue:	Big Splash Water Park, Macquarie
Transportation:	Bus
Departure Time:	9.15am
Return Time	2.15pm
Financial Contribution:	\$18.00 (Pool admission and slide use. The school is paying for bus travel)
Supervising Staff:	Aidan, Belinda, Emma, Jean, Alex and Ben
Sun Protection:	To participate on the day all students will need to have adequate sun protection e.g. Sunsafe hat, rash top, sunscreen, sunglasses. Students will also be expected to re-apply sunscreen every two hours. <u>Please note that children who do not have adequate protection on the day will not attend the excursion.</u>

Students will need to bring:

- Rash vests / t shirt (must be worn in the water) **ESSENTIAL to participate in this event.**
- Swimmers and towel (swimmers to be worn under clothes)
- Sun-safe hat
- Sunscreen
- Clothes to change into
- Plastic bag for wet clothes
- Morning tea, lunch and plastic water bottle

Although the pool canteen will be open for snack foods there is an expectation that all students will bring their lunch.

Safety/Emergency procedures

If needed, the school can be contacted at Big Splash Water Park Macquarie. 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 carefully complete the attached permission notes indicating your child's swimming ability, and medical information.

Please fill out the attached permission note and return with financial contribution to the front office by Friday 8th December 2017. We are not able to accept verbal permission by phone – please complete all attached forms by the due date

Yours sincerely,
Ben Roberts

Lynham Primary School

Preschool to Year 6

Permission for Swimming Carnival Activities

Teachers are required to assess the swimming ability of every child they take on an excursion where there is water for swimming or aquatic activities. This is called the **Survival Challenge Proficiency Test**.

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:** _____

3. **My child can swim:** No

4. **Distance my child can confidently swim:** Yes

10m

25m

50m

100m

5. **I agree to my child taking part in swimming / aquatic activities associated (slides) with this excursion.**

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

Signature: _____

Date: _____

The **Survival Challenge Proficiency Test** is a five step process. A student will be deemed a proficient swimmer if they can:

1. perform a slide-in-entry and walk through 5 metres of water with acceptable stability and co-ordination
2. swim continuously for 25 metres using an action that resembles a stroke
3. perform survival skull, float or tread water for 1 minute in deep water. Call for help once within the minute
4. exit water unassisted, and
5. perform a voice rescue to a buddy who is pretending to be in trouble. Reassure the victim and encourage them to a point of safety. Call for assistance.

***Please turn over to complete and sign the permission page**



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Swimming Carnival Medical Information and Consent Form

Dear Parents and Carers,

I am attaching a Swimming Carnival 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 Directorate 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, Directorate 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 life saving 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.



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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 public 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 carers 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 carers 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

Annamaria Zuffo

Principal

16/11/17



Lyneham Primary School
Preschool to Year 6
Year 6 Pool Aquatic Activity Day
Permission Note

I give permission for my child _____ in class _____ to attend the Year 6 Aquatic Activity Day at Big Splash Jamison on Friday 15th December travelling by bus. I enclose nominated amount of \$18.00 (*payment details over the page*).

Arrangements for Non-Proficient Swimmers, Code of Conduct and Parental Agreements:
An area for supervision and conduct of activities for non-proficient swimmers will be identified and designated at the pool venue. When non- proficient students enter the water for activities they will be supervised by school staff within the pool in small groups with a maximum ratio of 1:10.
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.

“Staff accompanying students on excursion 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 on an excursion where, in all circumstances, staff have not been negligent. Parents should be warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour

Please note: It is customary for the school to request a financial contribution towards meeting the cost of your child’s participation in this optional enrichment activity. These contributions are voluntary. Individual records of contributions are confidential.
 The school has made every effort to keep the costs for this activity at a reasonable level.

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

Signature: _____

Date: _____

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education and Training Directorate.

Does your child have any medical conditions or medication requirements that we should be aware of?

Yes No

If yes, please provide details:



Lyneham Primary School
Preschool to Year 6



Year 6
END OF YEAR AQUATIC ACTIVITY DAY – FRIDAY 15th DECEMBER 2017
Big Splash, Jamison

Financial Contribution: \$18.00

Student Name _____ Student Class _____

I enclose \$_____ by the following method:

- cash
- credit card (complete details on slip below)
- by EFTPOS at school
- EFT – Date of transfer _____

Account Name: Lyneham Primary School

Details: Big Splash Aquatic Activity Day and student's name:
BSB: **032 777** Account No: **001543**

I have read the attached information regarding this excursion and understand what it contains.

Parent/ carer name: _____ Signature: _____ Date: _____

Credit Card Payment Details

Please complete the detail below to authorise payment for:
Year 6 Aquatic Activity

Student Name _____ Class _____

Name of Cardholder _____

Card Type Visa Mastercard

Card number

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 Exp. Date

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Amount \$ _____

Cardholder signature _____ Date _____