

Ainslie School

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Ainslie School Swimming and Aquatic Carnival Big Splash Waterpark, Macquarie Tuesday 13 March 2018 (after Canberra Day weekend) Years K-2 Information and Permission



Dear Parents and Carers

The following information relates to an educational excursion to Big Splash Waterpark, Macquarie for Ainslie School's Swimming and Aquatic Carnival.

Students in kindergarten, year 1 and year 2 will participate in a novelty rotation program and cheer on the years 3-6 senior competitors.

Year 2 students turning 8 years in 2018 can choose to enter the 50m freestyle event.

IMPORTANT INFORMATION

- Venue:** Big Splash - Waterpark, Catchpole Street, Macquarie. Phone 6251 1144.
- Date:** Tuesday 13 March 2018
- Departure:** **9.15am from school.** Please ensure your child is at school by 9am, wearing swimming costumes under clothing.
- Return:** 1pm.
- Transport:** Bus
- Cost:** \$12 * Please note aquatic season passes cannot be used by the students for this event

Permission Form: **Please go to this website to give permission** for your student/s to attend the swimming carnival <http://bit.ly/AinslieSwim18> If you are unable to access this website form please see the front office for a paper copy.

Activities: All K – 2 students participate in a variety of structured rotational activities and remain with their class teachers. The activities include water play in the waterpark and toddlers pool.

Food breaks: There is an allocated recess time (approximately 30 minutes) when years K – 2 stop for a break. At this time, they are able to go to the toilet or visit the kiosk. A lunch break is provided when students return to school at approximately 1pm.

Clothing: Brimmed hat, swimmers and towel, swim shirt (rashie) or t-shirt to wear in and out of pool, sunscreen and/or sunglasses, spare change of clothes, plastic bag for wet items. Students may wear their house colours. Please ensure all property is clearly labelled. Swimming costumes are to be worn under clothing.

Notes: Please complete and sign the **Medical Consent Form** and the **online Permission Note for Aquatic Events**.

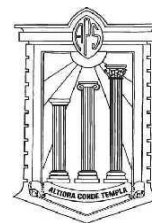
We would like all students to participate in our Swimming and Aquatic Carnival. Please see Wendy Cave or Jo Maybury if you require support with the costs.

Please complete the online form <http://bit.ly/AinslieSwim18> and complete the medical information form and provide payment to school, by Thursday 1 March 2018.

Swimming Carnival Coordinating Team

19 February 2018

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp/excursion. These contributions are voluntary. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.



Swimming Pool and Water Park Based Aquatic Activities Medical Information and Consent Form

Dear Parents and Carers,

I am attaching a Swimming Pool and Water Park Based Aquatic Activities 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.

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

Wendy Cave

Principal

Ainslie School

Date: 16 / 02 / 18

Swimming Pool and Water Park Based Aquatic Activities



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 an excursion to a swimming pool and waterpark 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: _____ 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: _____ 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

