



AquaSafe Lessons Year 2 – Lakeside Leisure Centre

Dear families

Farrer Primary School is excited to be offering Year 2 students the opportunity to acquire essential life skills in water safety and survival through Royal Life Saving ACT.

The ACT Education and Training Directorate provides substantial funding for Year 2 students in ACT Public Schools to participate in the Royal Life Saving ACT Aqua Safe program – a series of 5 practical and 5 theory 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.

Students will travel to and from the venue on chartered transport provided by CDC Canberra. They will be accompanied by school staff.

A risk assessment has been prepared for this experience and is available for viewing at the front office.

Date: Monday 21 August 2023 until Friday 25 August 2022 (week 6, term 3)

Location: Lakeside Leisure Centre, Greenway

Time: Depart at Farrer Primary School at 12.30pm for a one hour lesson commencing at 1pm

Depart the pool at 2:10pm and be back at school at approx. 2:30pm

Transport: Chartered transport provided by CDC Canberra

What to bring: Swim wear (swimmers or shorts), towel, goggles, swim cap and plastic bag for wet clothing.
Please label items.

What to wear: School Uniform - we ask that children please wear swimmers underneath school clothing on swimming days.

Cost: \$50.00 (this includes swim lessons, pool entry and bus)

Instructions on how to register are provided below.

If you do not have online access, please see the front office.

Our Program

Our program will begin on Monday 21 August 2023 and go until Friday 25 August 2022. Students will attend a one hour lesson each day for 5 days. Our program will be held at Lakeside Leisure Centre, Greenway.

Safety/Emergency procedures

If needed, the school can be contacted at Lakeside Leisure Centre, Greenway. 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 note indicating your child's swimming ability.

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.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on excursions 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.

If students choose to engage in behaviours which are considered inappropriate and harmful to others, they will be returned to their homes and the costs involved will be the responsibility of the parents.

Payment

Payment for the program will be made online at the time of registration.

Attendance at this excursion is optional. Schools may offer or facilitate specific optional items, activities and services for which parents are required to pay if they want their child to access them. These excursions are classified as optional enrichment programs. If you do not wish your child to attend then a program will available at the school.

Parents who wish their child to attend can pay the full amount within the given timeframe, or alternatively, make arrangements to make regular payments through an agreed payment plan. The Student Support fund that may be accessed to support students is used for educational purposes and to support students with a variety of educational needs.

Student Registration

To register use the following:

- QR Code
- link <https://l.ead.me/Farrer2023>



If you experience any difficulty with your online enrolment, please contact Royal Life Saving ACT directly on 6260 5800.

For all other enquiries, please contact the school.

Please register your child/ren, make payment online and complete and return the permission and medical notes attached by **Wednesday 16 August, 2023.**

Kind regards

Ali Bos and Georgia Lucas

Year 2 teachers

3 August 2023

**TO BE RETURNED TO SCHOOL****AquaSafe Lessons Year 2 – Lakeside Leisure Centre**

I give / do not give permission for my child _____ in class **2B / 2L** to attend the **Swimming Lessons at Lakeside Leisure Centre, Greenway on 21st August 2023 until 25th August 2023.**

- ☐ I give my child permission to travel by CDC Canberra to and from Lakeside Leisure Centre, Greenway.
- ☐ I have returned the **Swimming Pool or Water Park Based Aquatic Event Medical form** for my child.
- ☐ I have enrolled my child on the online registration using the QR Code or given link
- ☐ I have made payment of \$50.00 online directly to Royal Life Saving ACT

Parent / guardian contact number for 21st-25th August 2023 _____

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'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.

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

Parent/guardian Signature: _____

Date: _____



ACT
Government

Education



FARRER PRIMARY SCHOOL

Lambrigg Street, Farrer ACT 2607

phone: (02) 6142 0860

Email: info@farrerps.act.edu.au

Preschool: farrer@preschool.act.edu.au

Preschool phone: 02 6142 0871

www.farrerps.act.edu.au

Principal: Liz Wallace

TO BE RETURNED TO SCHOOL

AquaSafe Lessons Year 2 – Lakeside Leisure Centre

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. My child can swim:

☐

No

☐

Yes

3. Distance my child can confidently swim:

☐

10m

☐

25m

☐

50m

☐

100m

4. I agree to my child taking part in swimming / aquatic activities associated with this excursion.

Name of Parent / Carer: (please print) _____

Signature: _____

Date: _____

Swimming Pool and Water Park Based Aquatic Activities

Medical Information and Consent Form

Dear families,

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.

Regards

Liz Wallace

School Principal

TO BE RETURNED TO SCHOOL**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 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: _____ School Year: _____ Camp/Excursion: Royal Life Saving AquaSafe

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.

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 of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes ☐ No ☐

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