



Quality Education
Caring For All

ACT Education Directorate
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ACT
Government
Education

11 September 2020

AQUA SAFE WATER SAFETY & AWARENESS PROGRAM – Year 2

Dear parents and carers,

Arawang 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 new 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.

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

Program Dates: 26/10/20 - 30/10/20

Times:

2P and 2AG leaving at 10:10am (1 hour lesson 10:35am – 11:35pm)

2G and 2L leaving at 11:25pm (1 hour lesson 11:50pm– 12:50pm)

Venue: CISAC

Transport: Bus

Cost: \$50.00

To ensure your child's inclusion in this year's program, please complete the attached permission note and return to school **by Thursday 24 September 2020**.

Student Registration – parents are to complete this step

Please note that **you** will need to register your child for participation via Royal Life Saving ACT's dedicated schools' programs website. Payment of **\$50.00** will need to be made online at the time of registration. Students must be registered, and payment made by **Thursday 24 September**. Should the cost of this excursion cause financial difficulties, please feel free to contact the principal so that alternative arrangements can be made. 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 Thursday 24 September 2020

To register online please follow this link www.royallifesavingact-enrol.com.au/Register/EnterCode and use your child's **unique registration code** below:

2AG registration code: AS1035ARA20

2P registration code: AS1035ARA20

2G registration code: AS1150ARA20

2L registration code: AS1150ARA20

IMPORTANT: The online enrolment portal will automatically **close 3 school days** prior to our program start date. Please ensure you have registered your child by this time.

If you experience any difficulty with your online enrolment, please contact Royal Life Saving ACT directly on **6113 1994**. For all other enquiries, please contact the school.

Teachers may take whatever disciplinary action they deem necessary within the school's Student Management policy to ensure the safety, well-being and successful conduct of the students as a group or individually in the above mentioned activity. The teacher in charge is authorised to return the student home at the expense of the parent/guardian if it is considered that circumstances warrant such action. 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 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 authorise the teachers to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

Yours sincerely,

Katie Pentony
Aqua Safe Program Coordinator

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AQUA SAFE WATER SAFETY & AWARENESS PROGRAM
Permission and Payment note

I give permission for my child _____ class _____
to attend the CISAC aqua safe water safety & awareness program in term 4 and travelling by bus.

I have paid the full payment online.

Contact Numbers:

Name: _____

Home: _____ Work: _____

Doctor _____ Medicare No: _____

Doctor's Phone: _____

I have read the above information regarding this excursion and understand what it contains.
I have discussed with my child the need for sensible behaviour on this excursion.

Full Name of Parent/Guardian (Please Print) _____

Parent Signature: _____ 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 B, 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 department 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

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 4 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: Date: __ / __ / ____
(Parent/Carer)

Signed: Date: __ / __ / ____
(Parent/Carer)

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.

Special Dietary Requirements

Anaphylactic (Yes / No)	Allergy	Adjustment / comment
Example YES	Example Peanuts	Example No food with peanuts