



Quality Education
Caring For All

ACT Education Directorate
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ACT
Government
Education

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Arawang Primary School Swimming Carnival 2018 – Year 2-6
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Dear Parents/Carers

The swimming carnival for Arawang Primary School students will be held on **Wednesday 7 March 2018**. The carnival is open to students who are in year 3 to 6 and year 2 students who turn 8 years old this year and are competent swimmers.

Students who wish to compete in the races should complete and return the attached forms. There will be **NO FREE SWIMMING OR NOVELTY EVENTS**. All K-2 students will be offered the opportunity to participate in a swim school program to be held later in the year.

In order for students to enter the water we are required to have parents sign the directorate permission forms attached to this letter. If you wish for your child to participate in the swimming carnival please fill in all attached forms.

All students in years 3 to 6, and students in year 2 born in 2010, who are competent swimmers are eligible to compete in the swimming carnival. The carnival will include structured age races and house relays. Parents are welcome to attend on the day and will need to pay for their admission and parking.

- Date:** Wednesday 7 March 2018
Time: 9:15 am– 1:00pm
Venue: CISAC Belconnen (Ph: 02 6251 7888)
Cost: \$12.50 per child (\$5.75 bus, \$6.75 pool entry)
Travel: 9:15am bus departs from the front of the school **for all student competitors**
Clothing requirements: **House colours** – Franklin - Red, Bimberi - Blue, Gingera - Green, Coree - Yellow
 Students are to wear their swimmers under their clothing.
 Sunsmart hat, towel, underwear, plastic bag for wet clothes and a change of clothes.
*Please ensure all items that students bring are **clearly labelled** with their name.*
Food: Fruit break, lunch, recess and a water bottle
Please Note: The pool canteen will **NOT** be open to students.
Medication: If your child requires any medication on the day please speak to your child’s teacher.
Parent Helpers: A number of parent helpers will be required to act as timekeepers/officials. If you are able to assist please complete the assistance section of the attached form.

Students will be swimming in age groups based on the year in which they were born.

For example students born in 2010 are either 8 or turning 8 this year and will swim in the 8 year old events. To get a clear indication of the number of competitors it would be appreciated if you would complete the entering competitive events form attached to this letter. Please indicate at the bottom of the page if you are able to assist on the day.

Please fill in all permission forms attached and return with payment, (or tick to indicate online payment), to the class teacher by **Tuesday 27 February 2018**. Please ensure that money is placed in an envelope labelled with your child’s name and Arawang Swimming Carnival .

Staff accompanying students on excursions will take all reasonable care while 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 impulse, wilful or disobedient behaviour.

Paul Robertson and Ben Davies
Swimming Carnival Coordinators

Arawang Swimming Carnival 2018

Permission Note and Payment

As a part of the swimming competency assessment and to help ensure the safety of your child please provide the following information:

Name of child: _____

Class: _____

Yes my child is attending the swimming carnival (please continue filling in **all forms** attached)

No my child WILL NOT be attending the swimming carnival (please return this page only to your class teacher)

Please note: If your child is not attending the swimming carnival an alternate learning program will be provided at school.

My child can swim (please tick)

No (non - swimmers are **NOT** eligible to compete at the swimming carnival)

Yes (is eligible for competitive events)

If yes please tick the distance your child can **confidently** swim. **There will be only 50m and 100m races offered on the day.**

50m

100m

I agree for my child to take part in structured swimming and aquatic activities associated with this excursion.

Name of Parent/ carer (please print): _____

Signature: _____

Date: _____

I give permission for _____ in class _____ to attend the Arawang Primary Swimming Carnival at CISAC on Wednesday 7 March 2018. I understand that transport is by bus to CISAC.

I enclose payment of \$12.50 per child cash/cheque(please circle) I have paid online

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

I have discussed with my child the need for sensible behaviour on this excursion

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

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 costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. 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.

Parent signature _____ Date: _____

COMPLETE THIS SECTION ONLY IF YOUR CHILD IS ENTERING COMPETITIVE EVENTS

Note: Your child must have been born in 2010 or earlier and **must be capable of swimming 50m or 100m** in the swimming stroke in order to participate in competitive events. Please tick the nominated events for your child.

To be selected for South Weston District Swimming carnival, qualifying times apply. Please see Mr Swinbourne for qualifying times.

Student's name.....**Class**.....

Year of birth..... (e.g. 2009) **House**

- | | | |
|--------------------------|---------------------------------------|---|
| <input type="checkbox"/> | 100m Freestyle - open championship | Open |
| <input type="checkbox"/> | 100m Breaststroke - open championship | Open |
| <input type="checkbox"/> | 100m Backstroke - open championship | Open |
| <input type="checkbox"/> | 50m Freestyle | 8, 9, 10, 11, 12 and 13 year old (circle one) |
| <input type="checkbox"/> | 50m Breaststroke | 8, 9, 10, 11, 12 and 13 year old (circle one) |
| <input type="checkbox"/> | 50m Backstroke | 8, 9, 10, 11, 12 and 13 year old (circle one) |
| <input type="checkbox"/> | 50m Butterfly | 8, 9, 10, 11, 12 and 13 year old (circle one) |

Please verify (by signing below) that your child is capable of swimming the required distance for the entries above.

Yes, my child can swim this distance

Name of Parent /Guardian: (please print) _____

Parent/Guardian Signature: _____

Date: _____

ENTRIES ARE DUE BY Tuesday 27 FEBRUARY 2018. NO ENTRIES WILL BE ACCEPTED AFTER THIS DATE.

Parent Assistance

I would like to assist at the carnival in an official role
(e.g. timekeeper, judge) Yes / No

If 'Yes', please complete below:

Name: _____

Preferred role: _____

Phone Number: _____



**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"/>

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 _____

Date _____