



Melrose High School

Values 'R.E.S.P.E.C.T'
Resources, Effort, Self, Peers, Environment,
Community, Teachers



Melrose High School Swimming Carnival

Dear Parents and Carers

The following details relate to an educational excursion to **Queanbeyan Aquatic Centre** which will be the venue for this year's school swimming carnival.

The teacher in charge of this event will be Mrs Sonja Marmont, SLC PE and Health.

IMPORTANT INFORMATION:

Event: Swimming Carnival

Venue: Queanbeyan Aquatic Centre

Date: 26 February, 2019

Time: Students will go to Roll call. They will move with their teacher to the bus bay at 9.00 am

Transport: Students will travel via chartered bus.

Cost: \$8.50 Including pool entry and transport

Food: Canteen open, but we suggest you bring your own supplies and a large water bottle

Clothing: Bring a hat, sunscreen, loose clothing to cover up against sunburn. The UV rating will likely be extreme and students must take care not to burn.

Safety/Emergency procedures If needed, the school can be contacted at 61420700 or 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 and return it to your Roll Group Teacher along with the completed medical forms.

Kind Regards

Simon Vaughan

School Principal



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PAYMENT SLIP FOR (Swimming carnival), Total Cost \$8.50

It would be appreciated if payment was received by 22 February

Student Name: _____

Amount Enclosed \$ _____ cash/credit card/cheques made out to Melrose High

Credit Card Facility – (Please Tick which card applies)

MasterCard

Visa

Expiry date: _____

Please print name on card: _____ Signature _____

Card No _____ Date _____

Online Payment <http://www.melrosehs.act.edu.au/payment> and follow the prompts.

Online Payment Code: 8005

Direct payments can be made to Westpac Bank Account Number: 001658 – BSB 032777 please put family name and description of the payment (eg. Swimming Carnival- Surname) and email judith.rogers@ed.act.edu.au to confirm payment.



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Swimming Carnival Medical Information and Consent Form

Dear Parents/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 *Information Privacy Act 2014* (ACT) 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



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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

Simon Vaughan

School Principal

Date: 5 February 2019

Permission for Swimming Carnival Activities

Please return this section to Roll Group teacher

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 Yes

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

10m 25m 50m 100m

5. **I agree to my child taking part in swimming / aquatic activities associated 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.



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Melrose High School Swimming Carnival

Permission Note

I give permission for my child _____ to attend the Melrose High School Swimming Carnival at Queanbeyan Aquatic Centre on 26 February 2019 travelling by chartered bus.

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.

Name of Parent / Carer: (please print) _____

Signature: _____

Date: _____



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Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __/__/____ Sex: M F

School: Melrose High School School Year: _____ Camp/Excursion: Swimming Carnival

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 |

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.



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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: __/__/__
