Year 7 Swim and Survive Day

On Tuesday 3rd of February 2015 Year 7 will be spending the day at Dickson Pool. The students will arrive at school as per normal and go to Home Groups. They will then be dismissed from their Home Group and will be walked across as a year group to Dickson Pool with teacher supervision. Whilst at Dickson Pool the students will be taught some basic life saving techniques and perform a rescue on a fellow student. This is a mandatory requirement for all students in the ACT to perform before entering the pool.

Once this has been completed each student who is going on the Year 7 camp will need to conduct a swimming competency test. This includes the student swimming 50 metres and treading water for 5 minutes. This will enable the student to participate in the aquatic activities available on camp such as canoeing, raft building and AIS pool swim at Thredbo.

Students will be walked back to school at 2.00pm and a group activity will be held until the end of the school day.

What to bring: Students are required to bring a bag (preferably back pack), towel, swimmers, sunscreen, hat, goggles (if required), recess/lunch or money to purchase food, water bottle and comfortable shoes to walk to and from Dickson Pool.

The cost of the day will be $5.50 which needs to be paid on the day as you enter the pool. Please return the permission note and medical form to the front office by Wednesday 10 December 2014.

*Please note this is a normal school day and every Year 7 student is required to attend. Any student who is unable to swim should still attend on the day and will be supervised and participate in alternative activities.
## Year 7 Swim and Survive Day

<table>
<thead>
<tr>
<th>Date of Excursion: Tuesday 3rd February 2015</th>
<th>Destination: Dickson Pool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organising teachers: Rebecca Duncan/Vikash Chand</td>
<td>Students will travel by: foot accompanied by teachers</td>
</tr>
<tr>
<td>Cost per student: $5.50 (paid on day of excursion)</td>
<td>Money to be paid: At the door before entering the pool on the day (Do not return payment with permission/medical notes). Permission/Medical notes need to be handed in to the front office by Wednesday 10 December 2013</td>
</tr>
<tr>
<td>Depart school: after Home Group</td>
<td>Return to school at: 2.30pm</td>
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</tbody>
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**PLEASE COMPLETE AND RETURN THIS SECTION TO THE FRONT OFFICE WITH COMPLETED MEDICAL FORM BY WEDNESDAY 10 DECEMBER 2014**

### Year 7 Swim and Survive Day

I hereby give permission for my son/daughter/ward:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
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<tbody>
<tr>
<td></td>
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</table>

To participate in the following excursion: Year 7 Swim and Survive Carnival on Tuesday 3rd of February 2015 Students will travel by: foot accompanied by teachers.

I acknowledge the details listed above and give permission for the supervising staff to seek medical attention for my child should they believe it is necessary. I am aware that I will be responsible for any medical expenses incurred and that free ambulance transportation (should it be required) applies within the Australian Capital Territory.

My child suffers from the following pre-existing medical condition:

| ___________________________________________________________________| ___________________________________________________________________ |

- I have completed and attached all additional medical forms as required by the Education Department.
- I understand and accept that normal school rules apply during the excursion. Students are required to wear dress code on this excursion. If it is necessary for my child to return home early following a breach of these rules, I will be responsible for all costs and will not be eligible for any refund of excursion costs.
- I give / do not give (please circle one) permission for photos to be taken of my child during this excursion and if required to be published in the school newsletter or posted on the classes’ CLC page.

______________    ______________    ______________
Parent/Carer name    Parent/Carer signature    Contact Phone No.
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:

☐ Anaphylaxis * ☐ Allergies ☐ Fits or Blackouts ☐ Nose bleeds
☐ Asthma * ☐ Blood pressure ☐ Hay fever ☐ Reaction to drugs
☐ Diabetes * ☐ Eczema ☐ Headaches ☐ Sight/hearing problems
☐ Epilepsy * ☐ Fainting ☐ Heart condition ☐ Sun screen sensitivity

☐ Other ___________________________

Describe what happens for any of the conditions ticked above

______________________________________________________________________________

______________________________________________________________________________

If you have ticked any of the boxes, 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. In the event of an emergency staff will call an ambulance if it is deemed necessary.*