Year 7 Swim and Survive Day

On Tuesday 31 of January 2017 Year 7 will be spending the afternoon at Dickson Pool. The students will arrive at school as per normal and attend a whole school assembly and an extended home group. At the end of recess Year 7 students will be walked across as a year group to Dickson Pool with teacher supervision.

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.

Students will be walked back to school before 3.00 pm.

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

The cost of the day will be $6.00 (please note adjusted cost) 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 Friday 2 December 2016.

*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

Date of Excursion: Tuesday 31 January 2017
Destination: Dickson Pool

Organising teachers: Jason Peters/Loretta Heskett/Valerie Barker
Students will travel by: foot accompanied by teachers

Cost per student: $6.00 please note adjusted cost
(paid on day of excursion)
Money to be paid: At the pool on the day (Do not return payment with permission/medical notes).
Permission/Medical notes must be completed and returned to the front office by Fri 2 Dec 2016

Depart school: 11.30 am
Return to school by: 3.00 pm

PLEASE COMPLETE AND RETURN THIS SECTION TO THE FRONT OFFICE WITH COMPLETED MEDICAL FORM BY Friday 2 DECEMBER 2016

Year 7 Swim and Survive Day

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

__________________________________________
First Name ________________________________
__________________________________________
Surname _________________________________

To participate in the following excursion: Year 7 Swim and Survive Day on Tuesday 31 of January 2017 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.

__________________________________________
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 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

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date of Birth:</th>
<th>Sex:</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>School Year:</td>
<td>Camp/Excursion:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Carer:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Contact Telephone Nos

<table>
<thead>
<tr>
<th>Business Hours:</th>
<th>After Hours:</th>
<th>Mobile:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Contact for Emergency:</td>
<td>Telephone No:</td>
<td></td>
</tr>
<tr>
<td>Name of Student’s Doctor:</td>
<td>Telephone No:</td>
<td></td>
</tr>
<tr>
<td>Medicare No:</td>
<td>Private Health Fund No:</td>
<td>Membership No:</td>
</tr>
</tbody>
</table>

Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- ☐ allergies
- ☐ blood pressure
- ☐ epilepsy
- ☐ hayfever
- ☐ nose bleeds
- ☐ anaphylaxis
- ☐ diabetes
- ☐ fainting
- ☐ headaches
- ☐ reaction to drugs
- ☐ asthma
- ☐ eczema
- ☐ fits or blackouts
- ☐ heart condition
- ☐ sight/hearing problems
- ☐ other (please specify)
- ☐ 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:

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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. (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 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 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.

Parent/Carer Signature………………………………………………………………………..