Year 7 Swim and Survive Day

On Tuesday 2nd February 2016 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.

Every student who is attending the Year 7 camp will need to complete a swimming competency test. This requires a student to swim 50 metres and tread water for 5 minutes. This will enable the student to participate in the aquatic activities on camp.

The cost of the day will be $4.50 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 9 December 2015.

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.

| Date of Excursion: Tuesday 2nd February 2016 | Destination: Dickson Pool |
| Organising teachers: Emma Davies/Luke Coleman | Students will travel by: foot accompanied by teachers |
| Cost per student: $4.50 (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 need to be handed in to the front office by Wednesday 9th December 2015 |
| Depart school: 11.30am | Return to school at: 3.00 pm |

*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

PLEASE COMPLETE AND RETURN THIS SECTION TO THE FRONT OFFICE WITH COMPLETED MEDICAL FORM
BY WEDNESDAY 9 DECEMBER 2015

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 2nd of February 2016 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.
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: ____________________________ Mobile: ____________________________

After Hours: ____________________________ Telephone No: ____________________________

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.