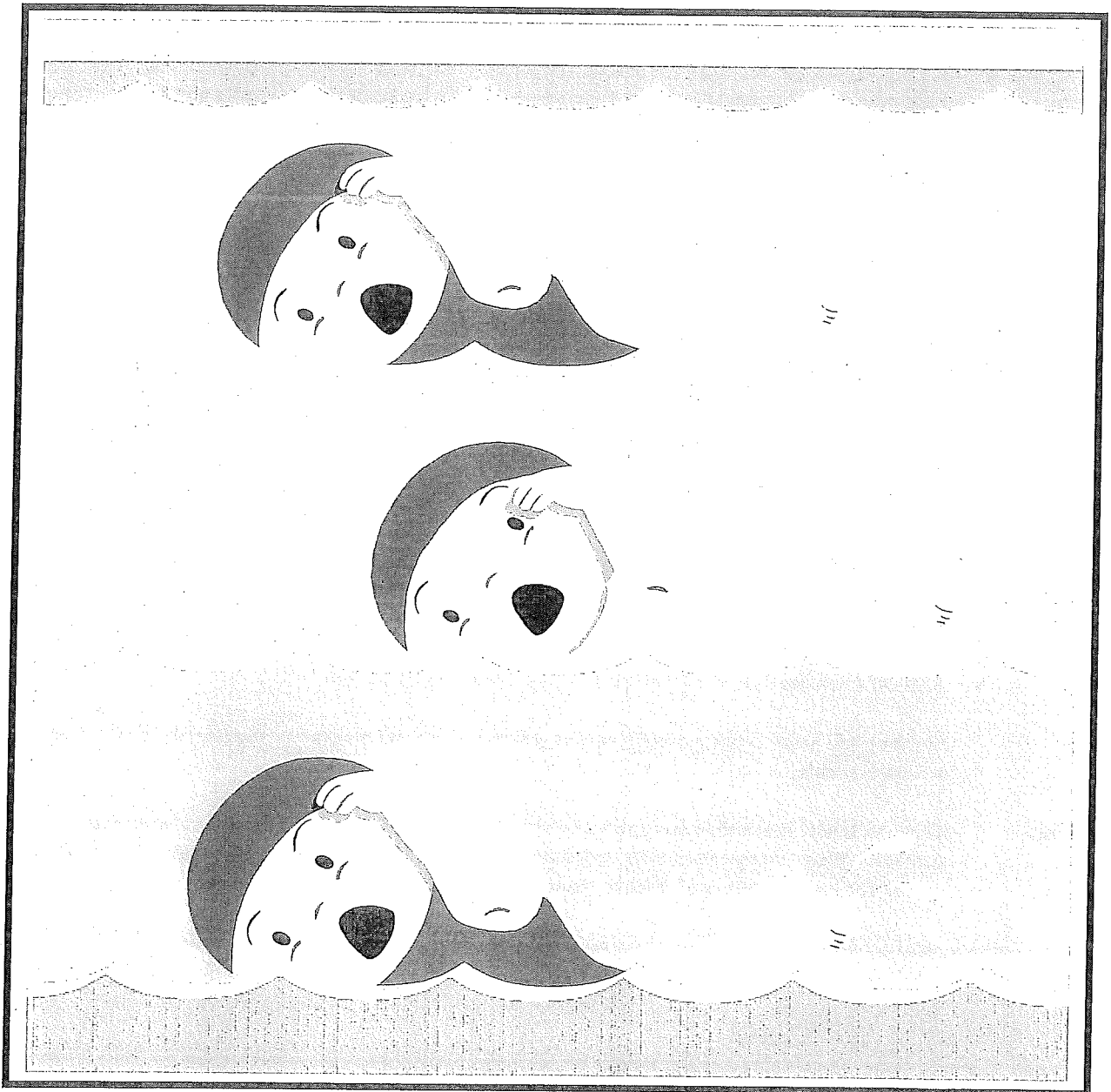


CURTIN PRIMARY SCHOOL

SWIMMING CARNIVAL 2020

Friday 28 February 2020
Big Splash - Catchpole Street, Macquarie



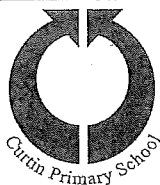
PREVIOUS HOUSE CHAMPIONS

2019 Ainslie

2018 Ainslie

2017 Ainslie

2016 Ainslie



Committed to Quality



Curtin Primary School



ACT
Government

Education and Training

ABN 38 766 579 050
70 Theodore Street Curtin ACT 2605
Principal: Merryn O'Dea
Phone: 02 6142 2570
curtinps@ed.act.edu.au

Dear families,

The Senior School's swimming carnival will be held on **Friday 28 February 2020** at Big Splash, Macquarie. The carnival is for all students in Year 3, 4, 5 and 6. **Children in Year 2 who are born in 2012 may only attend if they are entering a competitive 50m race.**

The carnival will be run as trials for the South Weston District Carnival. Those children who would like to be considered for selection in the school swim team (or would just like to enter a competitive 50m+ race/s), will swim at the pool from 9.30am. Those children not swimming in competitive races, will arrive at the pool around 11.30am, watch the last few races and then all children (including competitive swimmers) will participate in mini races, novelties and slides. There will not be any unstructured free time.

The teacher in charge of this event is Amanda Beresford.

IMPORTANT INFORMATION

- Event:** Senior School Swimming Carnival
- Venue:** Big Splash Water Park - Catchpole Street, Macquarie
- Date:** Friday 28 February 2020
- Time:** Competitive swimmers: Leave school at 9am, leave Big Splash 2.15pm
Non-competitive swimmers: Leave school at 11am, leave Big Splash 2.15pm
- Transport:** Bus
- Cost:** \$25.00 (includes return bus, entry to the pool and use of slides)
- Food:** Children will need to bring enough recess, lunch, snacks and drinks for the day. Kiosk facilities will be available.
- Clothing:** Come to school dressed in swimmers and tracksuit or shorts and top in house colours, where possible. Wear thongs or sandals, weather permitting. Bring bag containing towel, sunscreen, hat, food or money for kiosk at the pool. **Please make sure your items are clearly named.**

For maximum sun protection we require all children to wear a rash-vest/ t-shirt at all times, unless competing in a distance event.

SAFETY/EMERGENCY PROCEDURES

If needed, the school can be contacted at Big Splash Water Park (6251 1144). 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.

Kind Regards,

Amanda Beresford

ALL CHILDREN LINE UP AT MORNING LINES.

9am bus - line up at Patterson Hall near chess board.

11am bus - line up at senior basketball court.

We are unable to give precise times as to when races will be held, but the following is the order of events with an approximate 9.45am start.

Events

- 50m freestyle
- 50m backstroke
- 50m breaststroke
- 50m butterfly

200m Individual medley and 100m events will not be run at the carnival - if you would like to be considered for the district carnival in these events, please submit your time/s to Mrs Beresford with your carnival permission notes.

PLEASE NOTE: This is an optional excursion. Those children not attending will have programs provided for them at school. Please return permission notes with notification if your child will not be attending to help with planning.

TIME: Group One (competitive racers) leave school at 9am by bus.
Arrive at pool and begin races.

Group Two (non-competitive racers) leave school at 11am by bus.
Arrive at pool, sit in house groups to watch last few races.

9.45-12pm: Competitive races.

12-1pm: Yrs 3/4 (including Yr 2 children who raced) - slides for an hour.
Yrs 5/6 - 40 minute novelty rotation and 20min lunch break.

1-2pm: Yrs 5/6 - slides for an hour.
Yrs 3/4 - (including Yr 2 children who raced) 20min lunch break & 40min novelty rotation.

NOVELTIES WILL INCLUDE ACTIVITIES SUCH AS:

- Noodle races, kick board races, overhead ball, rubber chicken relays, bucket relays, rope rescue, water pistols.



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Swimming Carnival Medical Information and Consent Form

Dear Parents and 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 *Privacy Act 1998(Cwth)* 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 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

Amanda Beresford

Date: 30/ 01 / 2020

NOTES AND MONEY MUST BE RETURNED BY Friday 21 FEBRUARY (End of week 3)

Permission for Swimming Carnival Activities

To help ensure the safety of your child, please provide the following information:

1. Name of Child: _____
2. Class: _____
3. Grade: _____
4. Can your child swim to save them self?
 Yes
 No - would struggle to keep head above water and/or sink
5. My child can tread water keeping their head above the water for at least 2 mins: Yes
6. My child can float on their back: Yes No
 No
7. My child can swim a recognised stroke (ie: freestyle, backstroke etc..) Yes
 No
8. Distance my child can confidently swim: Cannot swim confidently
 Less than 10m
 10m
 25m
 50m or more
9. Please describe in detail your child's swimming ability. Eg. Water confidence, swimming strength, ability to tread water.

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

Name of Parent / Carer: (please print) _____

Signature: _____

Date: _____

CURTIN PRIMARY School Swimming Carnival

Permission Note

I give permission for my child _____ in class _____ to attend the Curtin Primary swimming carnival at Big Splash on Friday 28 February 2020 travelling by Bus.

I enclose \$25.00

Code of Conduct and Parental Agreements:

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: _____

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education and Training Directorate.



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Swimming Carnival 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 an excursion to a swimming carnival.

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 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: Curtin Primary School School Year: _____ Camp/Excursion: Senior 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 |
| <input type="checkbox"/> 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.

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: ___/___/___

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. Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.

Curtin Primary Senior Swimming Carnival

Child's name: Date of Birth:/...../.....

Class: House:

Please discuss with your child the events they may be capable of entering before returning this form. Tick the events your child would like to enter. Competition events are open to students who are turning 8 years or have already turned 8 years of age this year who are able to swim at least 50m proficiently in a recognised stroke.

Open 200m Individual Medley	Time:
Open 100m Freestyle	Time:
Open 100m Backstroke	Time:
Open 100m Breaststroke	Time:
Open 100m Butterfly	Time:
Tick races below:	
50m Freestyle	
50m Backstroke	
50m Breaststroke	
50m Butterfly	
Mini Races/Novelties/slides ONLY (11 am bus)	
Not attending	

SLIDES

I give permission for my child to use the following slides (please initial):

Splash Island/Croc Run
(Pool depth: less than 1m)

Tower Slides
(Pool depth: 1.3m)

Twister - extreme slide
(knee deep at exit)

Speed Coaster
(ankle deep at exit)

PLEASE NOTE: All children entering competitive races will automatically be included in the mini races and novelty events (and slides if permitted).

Helpers: 9.30 - 12pm - Time keeping and place judging
12 - 2.30pm - Assisting with novelty events (you don't have to get in the water)

Volunteers will receive free entry to the pool. Siblings of helpers will be charged \$3.00. Parents/siblings will be charged the reduced entry price of \$3.00. If you are able to help, please email Amanda Beresford at the address below or paste the attached link in your browser.

<https://docs.google.com/document/d/1OQOK9XUnux13NBsgR1O2oRbw513mLsz8yX39K9yq2is/edit?usp=sharing>

Thank you,

Amanda Beresford
amanda.beresford@ed.act.edu.au

PAYMENT SLIP \$25.00 - to be returned with notes to the front office by Friday 21 February.

Child's name: _____ Class: _____

PAYMENT IS CASH

CHEQUE

EFTPOS at Front Office

INTERNET TRANSFER

QuickWeb

Code (8005-000-00)

BSB:032 777 A/C NUMBER:001199

Form MUST be returned to Front Office when payment made on line.

