



GOWRIE PRIMARY SCHOOL

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ACT
Government
Education and Training

Principal: Simon Smith

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Gowrie Swimming Carnival Yrs 3 – 6 (8 years and older) Canberra International Sports and Aquatic Centre (CISAC) Thursday, 28 February 2019

Dear Parents / Guardians,

Our school swimming carnival will be at the **Canberra International Sports and Aquatic Centre, Bruce** on **Thursday, 28 February 2019** (Week 4 of Term 1). Over the course of the day all students may be involved in structured aquatic activities and/or competitive races. Students may participate in 25m, 50m or 100m races. **To enter races students must complete and submit the attached forms before the due date.** Late entries on the day will not be permitted as the schedule will be set based on the number of entries (e.g some events may be combined or removed).

While a CISAC lifeguards are present, it is important that staff are aware of your child's swimming ability prior to the event. Please ensure you complete the attached permission note indicating your child's swimming ability. **Swimming proficiency testing will also take place at the venue.**

For competitive swimmers (students turning 8 this year and older), please also complete the events sheet to be filled out in consultation with your child. When entering races, we ask students swim in either the 25m or 50m race of the same stroke to allow opportunities for all students. 25m races are for students that are not yet confident to swim 50m.

Yours sincerely,

Angela Miners
Swimming Carnival Coordinator

Gowrie Swimming Carnival Yr 3 - 6 2019

Swimming Competencies Form

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.

Swimming Competency

As a part of swimming 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: Yes / No (Please circle)
4. My child can confidently swim up to:
Less than 10m / 10m / 25m / 50m / 100m / Over 100m (Please circle)
5. My child can float or tread water for a minute: Yes / No (Please circle)
6. My child can exit the water unassisted: Yes / No (Please circle)
7. Walk through water with stability and coordination: Yes / No (Please circle)
8. I agree to my child taking part in swimming / aquatic activities associated with this excursion.

Name of Parent / Carer: (please print) _____

Signature: _____

Date: _____

Permission for swimming and aquatic activities

NOTE: The information that you provide will assist to provide a safe environment for your child's participation in swimming/aquatic activities. Please describe in detail your child's swimming ability, e.g. water confidence, swimming strength, distance (swimming continuously) and ability to tread water.

Please list any special requirements necessary for your child to participate in swimming/aquatic activities.

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

Parent/guardian signature: _____ Date: _____

Gowrie Swimming Carnival Yr 3- 6 2019

Event Entry and Parent Volunteers

Below is an events sheet to be filled out in consultation with your child. When entering races, we ask students swim in either the 25m or 50m race of the same stroke to allow opportunities for all students.

Please fill out and return to the front office by Friday 22 February 2019.

Students must be able to swim confidently in the events they have entered .

Name _____ Class _____ Age turning this year _____.
 House: _____ (Djara – RED, Mirri – YELLOW and Burrai – WHITE)

Distance (please circle 25m <u>or</u> 50m)	Stroke	Age categories (please circle)	Times (if known)	✓
100m	Freestyle	10 & under, 11yrs, 12/13yrs		
50m <u>or</u> 25m	Freestyle	8, 9, 10, 11, 12, 13 yrs		
	Freestyle	8, 9, 10, 11, 12, 13 yrs		
100m	Breaststroke	10 & under, 11yrs, 12/13yrs		
50m <u>or</u> 25m	Breaststroke	8, 9, 10, 11, 12, 13 yrs		
	Breaststroke	8, 9, 10, 11, 12, 13 yrs		
100m	Backstroke	10 & under, 11yrs, 12/13yrs		
50m <u>or</u> 25m	Backstroke	8, 9, 10, 11, 12, 13 yrs		
	Backstroke	8, 9, 10, 11, 12, 13 yrs		
100m	Butterfly	10 & under, 11yrs, 12/13yrs		
50m <u>or</u> 25m	Butterfly	8, 9, 10, 11, 12, 13 yrs		
	Butterfly	8, 9, 10, 11, 12, 13 yrs		

Nominations for entry into 200m events at the Tuggeranong Swimming Carnival should be given directly to the school.

REQUEST FOR PARENT HELPERS!

We recognise that parent/family assistance is very important. Please consider assisting at the carnival and fill out the form below. Your prompt return is appreciated. *(Only fill this section out if you are able to assist with timing/judging. Parents who assist will receive free entry to the pool).

*Parent Helpers/Swimmers Form

I am willing to assist with time keeping or judging.

Printed name

Child's name

Telephone number

Email address

Medical Information and Consent Form

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:

<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: __/__/__ 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.