



# MACGREGOR PRIMARY SCHOOL

LINKED BY LEARNING... EXPERIENCE, EXPRESSION & EXCELLENCE

Principal: Jennifer Hall



## 2019 SWIMMING CARNIVAL YEARS 1 - 6 NOTES DUE THURSDAY 28 FEBRUARY

Dear Parents and Carers

The 2019 Swimming Carnival and Fun Day has been organised with both competitive and non-competitive swimmers in mind, with a strong focus on participation and fun. We will utilise the 50m pool, toddlers' pool, learners pool and the surrounding grass areas at Dickson Aquatic Centre. All students in years 1-6 will participate in a range of structured novelty events throughout the day. Those students aged 8 years or older will also be offered competitive 50m races in addition to the novelty events.

This year we will be conducting the Royal Life Saving Society ACT Survival Challenge Proficiency Test. This test will include 4 steps:

- 1- Perform a slide-in-entry and walk 5 metres of water with acceptable stability and coordination.
- 2- Swim continuously for 25 metres using an action that resembles a stroke.
- 3- Perform survival scull, float and tread water for 1 minute in deep water. Call for help once within this time.
- 4- Exit water unassisted.

Based on the results of the proficiency test, your child will be allocated a coloured wrist band that indicates their swimming ability. Depending on the colour of the wrist band your child may be restricted to certain pool areas. Unfortunately, if your child is unable to complete this test, they will only be able to enter in the novelties in the shallow pools on the day.

Kindergarten will be holding their very own water fun day at school on the same day and a separate note detailing this special event will be distributed soon. The sports administration students from Hawker College will be assisting us with the planning and running of the day. Parents, carers and other family members are invited and encouraged to come along on the day and cheer on the children.

Details of the excursion are below:

- When:** Thursday 14 March 2019
- Where:** Dickson Aquatic Centre
- Time:** 9:15am – 2:15pm (Years 3-6) and 10:00am – 1:15pm (Years 1-2 & LSG)
- Transport:** Bus
- Cost:** \$11.00 to cover bus transport and pool entry
- Clothing:** Children must be SunSmart to participate on the day and they are encouraged to wear a shirt in their house colour. They will need swimmers, swimming top, broad brim or bucket hat, sunscreen, towel, a dry change of clothes, walking shoes and a plastic bag for wet items. It is preferable for students to wear their swimmers to school under their clothes.
- Food:** All students will require a packed lunch. Please pack lunch/recess and a water bottle for the day. The pool's canteen will **NOT** be available for students to purchase items.
- Notes due:** Thursday 28 February 2019

One purpose of the day is for us to select a school swimming team to represent Macgregor at the Belconnen Region Swimming Carnival later this term. Last year we had outstanding participation in the 50m competitive races and as such, we are conducting the competitive part of the carnival the same way in the hope of continued strong participation.

This means no pre-entries will be taken before the carnival. Events will be called by age and gender on the day and students who wish to compete will be marshalled and entered in the event at the pool. Naturally, they must be able to swim at least 50m in the event stroke. If your child turns **8 years old** this year (age is determined by year of birth), please discuss with your child the competitive events offered on the table below and which ones they would like to enter.

Please note: The school team will be selected on times and stroke technique – finishing in the top 4 does not automatically guarantee your child a place in the school team.

**Competitive events offered to students 8 years and over:**

8 years (2011)	9 years (2010)	10 years (2009)	11 years (2008)	12 years (2007)
50m Freestyle	50m Freestyle	50m Freestyle	50m Freestyle	50m Freestyle
	50m Backstroke	50m Backstroke	50m Backstroke	50m Backstroke
	50m Breaststroke	50m Breaststroke	50m Breaststroke	50m Breaststroke
		50m Butterfly	50m Butterfly	50m Butterfly

**Please complete permission section on next page to enable your child to participate in these events.**

A Medical Information and Consent Form is attached for all children. It is a requirement of the Education Directorate that we have a completed copy of this form on file for each child and that a new one be completed at the beginning of each year. Students who do not have a completed form on file will not be able to attend excursions.

**The permission note, Medical Information and Consent Form must be returned to the school no later than Thursday 28 February 2019. Please be aware that notes will not be accepted after the due date. Children without permission and medical notes will not be able to attend the Swimming Carnival.**

- *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.*
- *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, willful or disobedient behaviour.*

The school has made every effort to keep the cost for this activity to a reasonable level. If you require financial assistance, please make an appointment to speak to the Principal or email [info@macgregorps.act.edu.au](mailto:info@macgregorps.act.edu.au)

**Safety/Emergency Procedures**

If needed, the school can be contacted at Dickson Aquatic Centre, 152 Cowper St, Dickson ACT 2602, Phone: 6247 2972. 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

If you have any queries regarding this excursion, please feel free to contact us at school on 6142 1600.

Regards  
Bethany Taylor  
PE Teacher

## Swimming Carnival Years 1-6 – Notes Due Thursday 28 February

I have read the attached information regarding this excursion and understand what it contains.

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Swimming Carnival on **Thursday 14 March 2019**.

- *I authorise the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. I agree to meet the costs associated with any emergency arrangement made by the teacher in charge - free ambulance transportation only applies in the ACT.*
- *I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action.*

Full name of Parent/Guardian (please print) \_\_\_\_\_

Emergency contact no. \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Help:** (please circle one)

I am available to help on the day YES / NO

Time period: All Day / Half Day **am** / Half day **pm** / Other please specify \_\_\_\_\_

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Payments for the Swimming Carnival can be made via the following ways:

- Quickweb (preferred method) – go to [www.macgregorps.act.edu.au](http://www.macgregorps.act.edu.au) – via secure payment tab

**QUICKWEB FEECODE: SWIMCARN**

- I have enclosed cash/cheque of \$ \_\_\_\_\_

- Deposited the amount of \$ \_\_\_\_\_ via Internet banking into **BSB: 032777 A/C: 001578**

**Reference: Surname/Swim**

- Please deduct \$ \_\_\_\_\_ from:  Mastercard  Visa

Card No: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signed: \_\_\_\_\_



## General Medical Information and Consent Form

Dear Parents

I am attaching a General 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 department 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, departmental policy requires 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 Medical Record 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 Government 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 guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT.

Parents and guardians 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

Jennifer Hall  
Principal

## Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name			Date of Birth		Gender M <input type="checkbox"/> F <input type="checkbox"/>
School			School Year		
Parent/Carer Name			Address		
Telephone Contact	Mobile		Home		Business
Emergency Contact 1				Telephone	
Emergency Contact 2				Telephone	
Name of Qualified Health Professional				Telephone	

Section B – Medical Information	
<b>Please tick if your child suffers any of the following:</b>	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Sight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
<b>Please identify whether your child is presently taking any medication:</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the parent/carer must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> <li>For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication).</li> <li>For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>.</li> </ul>	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ol style="list-style-type: none"> <li>the provision of first aid;</li> <li>the provision of analgesics;</li> <li>treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).</li> </ol>	
<p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p>	
<p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p>	
<p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID	Entered into MAZE	<input type="checkbox"/>	Date