

MILES FRANKLIN PRIMARY SCHOOL

Achieving Educational Excellence in a Caring Environment



Alderman St Evatt, ACT 2617 – Ph: 6205 7533 – Fax: 6205 7529 – Web: www.mfps.act.edu.au

PARENT CONSENT FORM- Year 2 Swim School 2018

Dear Parents / Carers,

Miles Franklin Primary Year 2 students have been offered the valuable opportunity to participate in the Royal Life Saving 'Aqua Safe' program at CISAC in Belconnen. Aqua Safe is the product of a partnership between the ACT Government Education Directorate and Royal Life Saving ACT. The students will receive 10 half hour lessons in the pool. Funding is available for every Year 2 public school student in the ACT, therefore some of the cost has been subsidised by the government. **The total cost for the program will be \$50.00** per student (includes bus hire, pool entry and ten lessons). We feel that the Aqua Safe program reflects a valuable component of the Health and Physical Education program and trust that you will give it full consideration. Please complete and return the following:

- Parent Consent Form
- General Excursion Medical Form
- \$50.00 – Pay online when you register
- Aqua Safe Enrolment Form - please do this online. Details are below. Paper copies are available at the front office if you have no internet access.

You will need to register your child for participation via Royal Life Saving ACT's dedicated schools' programs website (the permission note issued by the school will not enrol your child into the program). Instructions on how to register are provided below.

Aqua Safe Program

Our program will begin on **Monday 3 December** and end on **Friday 14 December**. Students will attend a 30-minute lesson each day for 10 days. Our program will be held at **Canberra International Swimming and Aquatic Centre**. You are more than welcome to attend and observe your child's progress throughout the program.

Payment

Payment for the program will be made online at the time of registration unless otherwise arranged with the school. Please talk to the school if you are unable to pay online (i.e. no credit card), you will be issued a unique voucher number after payment to the school has been made.

Student Registration

Register and pay online - please follow this link www.royallifesavingact-enrol.com.au click on REGISTER and use your child's **registration code** below.

Your child's registration code: AS135MF18

IMPORTANT: If you experience any difficulty with your online enrolment, please contact Royal Life Saving ACT directly on 62605800. For all other enquiries, please contact the school.



ACT
Government
Education



DATES**Every day in weeks 8 and 9 of Term 4 2018 (3-14 December)**

Lesson time- 1:35-2:05pm. Bus departs school 1:15pm and leaves pool at 2:15pm.

CLASSES INVOLVED

2 George, 2 Smyth, 2 Tanas

TEACHER IN CHARGE

Luned Scholfield

PARTICIPATING STAFF/PARENTS

Caitlin George, Kate Smyth, Kate Tanas

MODE OF TRANSPORTATION

Action Charters

COST PER STUDENT*Note: Excursions are an optional enrichment activity and parents are expected to cover the costs incurred.*

\$50.00

EMERGENCY PHONE

(02) 6205 7533

ADDITIONAL INFORMATION**CLOTHING REQUIREMENTS:**

ALL ITEMS MUST BE CLEARLY LABELLED AND SENT DAILY IN A STRONG WATERPROOF BAG THAT CAN BE EASILY CARRIED. Students will be provided with time to change into swimmers at school prior to their departure for daily lessons. Since the lessons are not occurring until later in the day we advise parents/carers not to send children with swimmers under school uniforms. Students will change back into uniform when they return to school. **Hooded towels are recommended as they do not need to be held and allow students to use their hands to dry off.**

WHAT TO BRING: (Clearly named)

- Swimmers- not under uniforms
- Waterproof bag
- Hair brush/comb
- Hooded towel
- Girls with long hair are advised to wear it tied back.
- Thongs, sandals or crocs **to wear ONLY to and from the pool.** School shoes/sneakers need to be worn during the day and will be left at school during the session.
- Spare underwear
- Drink bottle filled with water
- Goggles and swim cap (optional)

Full payment must be made online by **FRIDAY 23 November**. If you have any concerns or questions regarding payment, please contact Luned Scholfield.

Chris Jones
PRINCIPAL

Please fill out this Consent form and the Excursion Medical Information form and return both to the front office by:

Friday, 23
November 2018

Child's Name _____ Class Teacher _____

I consent to my child attending *the Aqua Safe program at CISAC, 3-14 December 2018.*

Please tick the appropriate boxes:

- I authorise for the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency.
- I have completed, signed and attached the *Excursion Medical Information and Consent form with current information.* (Form available from drop box or the front office)**
- 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.
- I agree to the student travelling by private car, driven by a staff member or parent as the case may be.

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, wilful or disobedient behaviour.

The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.

If however there is insufficient total funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed.

If your child is unable to attend the excursion the cost will be refunded, bus excluded.

MEDICAL INFORMATION

This excursion requires an *Excursion Medical Information and Consent form* to be completed and returned to the school, as listed above.

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

Full Name of parent/carer: _____
(Please print)

Signature of parent/carer: _____ Date: ____/____/____

Contact phone number/s: _____



ACT
Government
Education and Training

**EXCURSION MEDICAL INFORMATION AND
CONSENT FORM**

Attachment 4

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

Student's Name:	Date of Birth:	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
School:	School Year:	Camp/Excursion:	
Parent/Carer:			
Address:			
Contact Telephone Nos	After Hours:	Mobile:	
Business Hours:			
Other Contact for Emergency:	Telephone No.:	Telephone No.:	
Name of Student's Doctor:	Telephone No.:	Telephone No.:	
Medicare No.:	Private Health Fund No.:	Membership No.:	
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"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) _____ | | | <input type="checkbox"/> 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:	
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 Name: _____
Signed: _____ Date: _____