



## HAWKER SCHOOL

### 2023 HAWKER SCHOOL SWIMMING CARNIVAL

Dear Parents and Carers,

The Hawker School Swimming Carnival will be held on **Tuesday 28th February (Week 5) at CISAC Sports & Aquatic Centre**. The Swimming Carnival is a **'competitors only'** event. We ask that you carefully consider your child's capabilities before entering them in any races. **Only students who are eligible** (turning 8 years old and over this year) and **capable of swimming 50m** in any stroke will attend **if they enter an event**. This event will help us select students eligible to compete at the Regional Primary Schools Sports Association (PSSA) event. **An educational program will be provided at school on the day of the carnival for all students not attending the Swimming Carnival.**

**Students who are turning 8 years and over** will be eligible to participate in 50 metres freestyle, backstroke, breaststroke and butterfly. Students will also be able to enter the 100 metres freestyle at our carnival, although the representative regional carnival is only open to 10/11/12 year old students for the 100m. This year there will not be tabloid rotations after the competitive races. Instead, relay activities may occur if time permits. Swimmers who achieve a qualifying time (see table) in their events will later be invited to represent the school at an ACT School Sport Regional Carnival.

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.

<b>Date / Time</b>	Tuesday, 28 <sup>th</sup> February 2023 9:15am-1:30pm
<b>Travel</b>	Students will travel by bus to and from CISAC, located at 100 Eastern Valley Way, Belconnen, ACT 2617. Buses will leave the school at 9:15am and will be pick up students from CISAC at 1:30pm.
<b>Cost</b>	\$15.00 per student
<b>Food</b>	Students will need to bring recess, lunch and a drink bottle. <i>Please note: The kiosk will <b>NOT</b> be available for purchases during lunch time.</i>
<b>Clothing</b>	<ul style="list-style-type: none"><li>Students will <b>require</b> swimmers and a towel.</li><li>Goggles and a swimming cap are <b>encouraged</b>.</li><li><b>Please label your child's clothing and towel.</b></li></ul> <p>Students have been allocated sport houses and are encouraged to come to school wearing house colours over the top of their swimmers. <i>Please note this is not essential.</i></p> <p>The house colours are: <b>Galaxy</b> – Blue, <b>Nova</b> – Red, <b>Pulsar</b> – Green, <b>Quasar</b> – Yellow</p>

**Please complete the entry, permission, medical and consent forms and return to the school by Thursday 23rd February 2023.** Parents and carers are welcome to attend, with a cost of \$2.75 per entrant to CISA. Spectators will need to follow any COVID-19 regulations.

Regards,  
Luke Ryan



## HAWKER SCHOOL

### Hawker School Swimming Carnival Medical Information and Consent Form

Dear Parents and Carers,

Attached you will find a Swimming Carnival Medical Information and Consent Form. We request that you complete this form 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.

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.



## HAWKER SCHOOL

### Hawker School Permission for Swimming Carnival Activities

Teachers are required to assess the swimming ability of every child they take on an excursion where there is water for swimming or aquatic activities. This is called the **Survival Challenge Proficiency Test**.

As a part of this 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:

☐

No

☐

Yes

4. Distance my child can confidently swim:

☐

50m

☐

100m

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

Parent/Carer: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Contact Number on Carnival Day: \_\_\_\_\_

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

The **Survival Challenge Proficiency Test** is a five-step process. A student will be deemed a proficient swimmer if they can:

1. Perform a slide-in-entry and walk through 5 metres of water with acceptable stability and co-ordination
2. Swim continuously for 25 metres using an action that resembles a stroke
3. Perform survival skill, float or tread water for 1 minute in deep water. Call for help once within the minute
4. Exit water unassisted, and
5. Perform a voice rescue to a buddy who is pretending to be in trouble. Reassure the buddy and encourage them to a point of safety. Call for assistance.



## HAWKER SCHOOL

### Hawker School Permission for Swimming Carnival Activities

**This form must be completed and signed by a parent or carer for your child to compete in an event.**

NAME: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_ MALE/FEMALE (circle):

*Please tick the events your child would like to enter:*

- ☐ 50m Freestyle    ☐ 50m Breaststroke    ☐ 50m Butterfly    ☐ 50m Backstroke  
☐ 100m Freestyle

I agree that my child can participate in these events.

Name of Parent/Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ATTENDANCE CONFIRMATION

- ☐ I (parent/carers) **will be** attending the swimming carnival as a **spectator**. Cost of \$2.75 to be paid to CSISAC.
- ☐ I (parent/carers) **will be** attending the swimming carnival and I am willing to be a **helper** if required. Cost of \$2.75 to be paid to CSISAC.
- ☐ My child \_\_\_\_\_ in class \_\_\_\_\_ will **not** be attending the swimming carnival.

# Aquatic Activity Consent Form— This form is required by CSISAC

Advice:

The excursion will involve structured aquatic activities including swimming and dive entries into water up to 1.8m deep. To help ensure the safety of your child, please provide the following information:

1. Name of Child: \_\_\_\_\_

2. School Year: \_\_\_\_\_

In relation to the proposed structured aquatic activities (please circle response):

My child is **permitted** to go in the water

My child is **not permitted** to go in the water

1. My child can swim:

Yes ☐

No ☐

2. Distance my child can confidently swim:

25m ☐

50m ☐

100m + ☐

3. My child can confidently perform a competent dive entry under the following conditions, and I

give permission for them to complete:

In water starts only into 1.8m deep water. ☐

Wall/bulkhead dive into 1.8m deep water. ☐

Race start from dive block into 1.8m deep water. ☐

For more information on Dive Starts view instructional video here: <https://vimeo.com/515080265>

4. My child can confidently perform a competent dive entry under the following condition, and I

give permission for them to complete:

In water starts only into 1.2m deep water. ☐

Wall/bulkhead dive into 1.2m deep water. ☐

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

Name of Parent / Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

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

# MEDICAL INFORMATION AND CONSENT FORM

## 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	
Please tick if your child suffers any of the following:	
<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)	
Please identify whether your child is presently taking any medication: 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> and the <i>Known Medical Condition Response Plan</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



## HAWKER SCHOOL

### Hawker School Swimming Carnival Permission Please return to school by 23<sup>rd</sup> February

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Hawker School Swimming Carnival on the 28<sup>th</sup> February 2023.

*I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected 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 attending this excursion.*

*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.*

The Medical Information and consent form is attached and needs to be completed once prior to the first excursion.

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes ☐ No ☐

If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes ☐ No ☐

If yes, please provide these details

### Swimming Carnival PAYMENT \$15.00

I am paying the amount of \$ \_\_\_\_\_ Student Name: \_\_\_\_\_

☐ Electronic Funds Transfer to our bank account

Acct name: Hawker Primary School

BSB: 032 777

Acct no: 001404

Reference: Child's surname and Swimming

☐ Credit Card –via Quickweb on our school website

☐ Cash or Cheque at the school office

Details NAME: \_\_\_\_\_ Contact number: \_\_\_\_\_

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