



HAWKER SCHOOL

2024 HAWKER SCHOOL SWIMMING CARNIVAL

Dear Parents and Carers,

The Hawker School Swimming Carnival will be held on **Tuesday 13th February (Week 3) 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.

Date / Time	Tuesday, 13 th February 2024 9:15am-1:30pm
Travel	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.
Cost	\$15.00 per student
Food	Students will need to bring recess, lunch and a drink bottle. <i>Please note: The kiosk will NOT be available for purchases during lunch time.</i>
Clothing	<ul style="list-style-type: none">Students will require swimmers and a towel.Goggles and a swimming cap are encouraged.Please label your child's clothing and towel. <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: Galaxy – Blue, Nova – Red, Pulsar – Green, Quasar – Yellow</p>

Please complete the entry, permission, medical and consent forms and return to the school by Thursday 8th February 2024. Parents and carers are welcome to attend, with a cost of \$3.75 per entrant to CISAC. Spectators will need to follow any COVID-19 regulations.

Regards,
Anne-Maree Dunn
Sporting Coordinator



HAWKER SCHOOL

HAWKER SCHOOL SWIMMING CARNIVAL PROGRAM

Tuesday 28th February 2024

10yrs and Under	Proficiency Test	Boys/Girls
11yrs and Over	Proficiency Test	Boys/Girls
10yrs and under	100m Freestyle	Boys/Girls
11yrs and over	100m Freestyle	Boys/Girls
8 yrs	50m Freestyle	Boys/Girls
9 yrs	50m Freestyle	Boys/Girls
10 yrs	50m Freestyle	Boys/Girls
11 yrs	50m Freestyle	Boys/Girls
12 yrs	50m Freestyle	Boys/Girls
8 yrs	50m Breaststroke	Boys/Girls
9 yrs	50m Breaststroke	Boys/Girls
10 yrs	50m Breaststroke	Boys/Girls
11 yrs	50m Breaststroke	Boys/Girls
12 yrs	50m Breaststroke	Boys/Girls
8 yrs	50m Backstroke	Boys/Girls
9 Yrs	50m Backstroke	Boys/Girls
10 yrs	50m Backstroke	Boys/Girls
11 yrs	50m Backstroke	Boys/Girls
12 yrs	50m Backstroke	Boys/Girls
10yrs and Under	50m Butterfly	Boys/Girls
11yrs and Over	50m Butterfly	Boys/Girls
LUNCH		
Relay activities if time permits		

ACT SCHOOL SPORT REGIONAL SWIMMING CHAMPIONSHIPS

QUALIFYING TIMES 8-12 Years

Age	Event	Qualifying Time
8	50m Freestyle	1:15.00
9	50m Freestyle	1:05.00
10	50m Freestyle	1:00.00
11	50m Freestyle	55.00
12	50m Freestyle	50.00
10-12	100m Freestyle	1:45.00
10 & under	50m Butterfly	1:10.00
11	50m Butterfly	1:00.00
12	50m Butterfly	55.00
10 & under	50m Breaststroke	1:15.00
11	50m Breaststroke	1:10.00
12	50m Breaststroke	1:05.00



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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.

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.



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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 lifesaving 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.

Kim McCormack
Principal
February 2024



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.



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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 \$3.75 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 \$3.75 to be paid to CSISAC.
- ☐ My **child** _____ in class _____ will **not** be attending the swimming carnival.



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Hawker School Swimming Carnival Permission

Please return to school by 8th February

I give permission for my child _____ in class _____ to attend the Hawker School Swimming Carnival on Tuesday 13th February 2024.

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: _____