



Dear Parents/Carers

The Senior School Swimming Carnival is a great opportunity for students to display their talent, show team spirit, continue to build on newly formed friendships, and have fun in a safe environment. All students are expected to attend as the whole school will relocate to the pool for the day. Students are encouraged to dress in house colours to support their respective House.

Students will be required to attend PC group at 8:50am for roll marking. PC teachers will move students to the front of the school and onto the buses to attend the excursion. Students will arrive back to school at 2:30pm and will be supervised to 3:00pm.

NAME OF ACTIVITY:	Senior Site Swimming Carnival
DATE OF ACTIVITY:	Thursday, 25 February – Week 4
TIME:	8:50am – 3:00pm
TRANSPORT:	Transport Canberra
LOCATION:	Big Splash Water Park, Macquarie
COST:	\$18
NOTE DUE BY:	Thursday, 18 February (Week 3)

ADDITIONAL INFORMATION:

Students are to bring swimmers, towel, sunscreen, food/water and any other items they might need for swimming. Appropriate clothing/ swimwear needs to be worn on the day.

Swim test:

Students will participate in a swim test to determine their swimming ability and be given an appropriate coloured wrist band (proficient swimmer or non-proficient swimmer) before free time after the carnival concludes. Non proficient swimmers are still able to access the slides at Big Splash but are unable to access the 50m swimming pool.

Kiosk

The kiosk will be open from 11:30am- 1:30pm. Students can pre purchase food (order by accessing the following link: <https://roller.app/bigsplashwaterpark/products/schoolsmealsinternal#/>) or on the day via card payments only. They will NOT be accepting cash on the day.

COVID-19

Big Splash have developed a COVID-19 plan for schools, this can be accessed on their website for more information (<https://bigsplashwaterpark.com.au/covid-terms-and-conditions/>).

Please complete following forms and return to the front office by **Thursday 18 February**:

- Permission to participate in swimming activities
- Excursion permission note
- Excursion medical form



Parent/Carer Declaration and Permission for Students to Attend Excursion

Staff accompanying students on excursions will take all reasonable care while supervising students to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff 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 resulting from impulsive, wilful or disobedient behaviour.

In the case of an emergency, I am aware that the school/teacher in charge/first aid officer may:

- a) arrange transport of the student by ambulance
- b) seek medical attention for the student at the nearest or most convenient medical facility
- c) administer a bronchodilator inhaler to the student in an asthma attack, and
- d) advise the emergency contact held by the school.

I understand that neither the school nor the ACT Education Directorate accepts responsibility for costs incurred on my behalf in securing medical treatment and associated services for my mentioned son/daughter/ward.

I am aware that I am responsible for the ambulance costs outside the ACT.

Please be aware if students withdraw from the excursion they may only be able to be refunded for activity specific costs. The bus component of this excursion will not be refunded if you do not attend.

Permission to participate in swimming activities

Child's Name: _____ PC: _____

Note: The information you provide will assist to provide a safe environment for your child's participation in swimming activities. Please describe in detail your child's swimming ability, e.g. water confidence, swimming strength, distance (swimming continually) and ability to tread water. Your child will be swim tested on the day by the PE and pool staff and a wrist band with their swimming ability will be given which will determine what facilities they can use in free play. Students who pass this test will be allocated a blue band which enables them to use all open slides, the middle pool and the big pool. Students not passing this test will be allocated a yellow band that enables them to use the slides and the middle pool only.

strong (100m plus unaided) average (approx 50m unaided) poor (under 25m unaided) non-swimmer

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

I agree to my child participating in the swimming/ water activities

Parent/ Carer Name: _____ Parent/ Carer Signature: _____ Date: _____

GOLD CREEK SCHOOL PERMISSION SLIP

The Directorate is subject to the Commonwealth *Privacy Act 1988*. The Privacy Act requires that we comply with the Information Privacy Principles (IPPs), which are set out in the Act, and which govern the collection, use, storage and disclosure of personal information. Both photographs and names may be personal information, within the meaning of the Privacy Act.

Senior Site Swimming Carnival

Please return this form to the school by the final date shown below. Payments over \$10 will be issued with a receipt

Permission note is due by: Thursday 18th February 2021 **GL CODE: n/a**

NO NOTES WILL BE ACCEPTED AFTER THIS DATE.

I give permission for my child _____ PC _____ to attend/participate at the Senior Site Swimming Carnival on Thursday, 25 February.

Amount Enclosed \$ _____ Parent/Guardian's Name: _____

Photographs may be taken during this activity. As required by the Privacy Act we are seeking your permission for your child's name and photographs of your child, to be collected, used and disclosed to record, celebrate and promote this activity. You are not required to grant permission this is a matter entirely within your discretion. However, by granting permission you will greatly assist in the promotion to the community of the educational opportunities provided by ACT government schools.

Signature: _____ Date: ___/___/___ Daytime Contact no.: _____

- Yes my child can be photographed for this activity and used as outlined above.
- No my child cannot be photographed in this activity and used as outlined above.

PLEASE TICK PAYMENT TYPE: N/A

QuickWeb: Direct Deposit:

The school encourages families to use our Quickweb banking facilities available through our website as it is a safe and secure way of making payments. Please use the URL below to take you to the Schools QuickWeb payment tab.

http://www.goldcreek.act.edu.au/parent_information/payment

Direct Deposit to: Gold Creek School Management Account
BSB No: 032 777
ACC No: 001340

Please include student name, class & payment detail (POOL).....

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:	Class:	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 Yes/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. 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 students name, dosage and frequency of administration:	
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.

Signed: _____ Parent/Carer

Date: _____