



04 February 2016

FORREST PRIMARY ANNUAL SWIMMING CARNIVAL 2016

Dear Parents,

Forrest Primary School's Annual Swimming Carnival will be held on **Thursday 25 February at The Australian Institute of Sport Aquatic Centre (AIS)**. The carnival aims to provide an opportunity for all confident and competent swimmers to participate in competitive events. This will allow us to select a team to represent Forrest Primary at the South Canberra Swimming Carnival. Ribbons will be given out on the day.

It is extremely important that all students participating in this carnival can swim at least 50m competently. Non swimmers will remain at school and participate in their regular educational program.

When:	Thursday 25 February, 2016
Where:	The Australian Institute of Sport Aquatics Centre
Who:	Competent swimmers turning 8, 9, 10, 11 and 12 years
Time:	Depart Forrest Primary at 9.15am Return at approximately 2.15pm
Cost:	\$10.00
Transport:	Bus
Accompanying staff:	Charles Fairfield-Smith, Jemma O'Brien, Carmel DeGraaff, Rachel Hogan, Michael Jandric, Hayley Singh, Nicole Richardson, Sarah Bauer, James Traviss, Carolyn Davies and Kylie Dorsett.
Coordinating teacher:	Charles Fairfield-Smith
Means of contact with group:	Via Forrest Front Office 62055644 or AIS 0262141281
Due Date for return of permission note:	Friday 12 February 2016

Please note that the canteen at the pool will be unavailable to students

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 risks to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Please ensure you carefully complete the attached permission note indicating your child's swimming ability.

Regards



Chris Pilgrim
Principal

Charles Fairfield-Smith
Sports Co-ordinator

Important information for 200m Medley participants

* Any students participating in the 200m Medley will be required to be at AIS at 9am on the day to complete the event. Parents need to transport their child to the AIS, students will catch bus back to school at the completion of the carnival. If you have any questions or concerns about getting your child there on time, please contact Charles Fairfield Smith via the front office.

Parents welcome to pick students up and return to school or home at any time of the carnival. Please see the year coordinator to sign your child out of the swimming carnival.

FORREST PRIMARY SCHOOL 2016 Swimming carnival Payment

Preferred payment Option - Online Payment Facility

Fee Code: Swimming carnival 2016

- Via the Forrest Primary School website, using the "Payment" button located on the top ribbon. This will take you to a secure Westpac bank site where you can make a payment direct to the School's Bank account. Payments can be made using a Credit or Debit card. Receipts are available on the site. Receipt Number: _____

 - I have enclosed **\$10.00** cash/cheque. All cheques must be made payable to Forrest Primary School. Cash payments need to be correct money please, as we do not have change.
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PERMISSION NOTE

Forrest Primary Annual Swimming Carnival

Please return to school by **Friday 12 February 2016**

I give permission for my child.....of class.....
to attend the Forrest Primary Swimming Carnival held at **The Australian Institute of Sport Aquatic Centre (AIS) on Thursday 25 February, 2016.**

Please tick box/es below that are applicable:

- My child is able to swim 50m competently and will participate in competitive events, as indicated on the attached form
- I have completed and signed the medical and permission forms
- I have made the payment of \$10.00 online for my child attending the swimming carnival
- I have enclosed \$10 cash for the swimming carnival

- My child is **not able** to swim 50m competently and will remain at school for educational programs.

Name of Parent / Carer: *(please print)*

Signature:

Date:

Parent contact number for the day:

COMPETITORS NOMINATION FORM

Please return this form to the front office by **Friday 12 February 2016**

NAME:Male/Female (Circle) YEAR OF BIRTH:.....

CLASS:

AGE GROUP: (the age your child is now or is turning this year – before December 31)
.....

Please indicate by ticking appropriate events:

My child can confidently and competently swim:

50m Freestyle

100m Freestyle

50m Backstroke

100m Backstroke

50m Breaststroke

100m Breaststroke

50m Butterfly

100m Butterfly

Open 200m Medley*



**ANNUAL MEDICAL INFORMATION AND
CONSENT FORM**

The information collected on this form is to assist staff and medical professionals in case of the requirement for first aid and or in the event of an accident or emergency either at school or off site on excursions. Information is personal, is stored on site and a copy of each student's form is taken on any excursion. Information is used in accordance with the regulations of the Privacy Act 1998 (Cwth). Please note: conditions noted with an asterix (*) below require an Emergency Treatment Plan. In the absence of a plan only standard first aid should be administered.

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __/__/____ Sex: M F

School: _____ Class: _____

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: _____

Membership Number: _____

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"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds Reaction |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> to drugs Sight/hearing |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Other _____ | | | |

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

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 No

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 No

If Yes, please state name of medication, dosage, etc.: _____

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.
Parents must give written permission and directions for the administration of any medication taken during the excursion.

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 No

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? _____

Signed: Date: __ / __ / ____
(Parent/Carer)

Signed: Date: __ / __ / ____
(Parent/Carer)

As parent/carer I will notify you in writing if there are any changes to these instructions prior to annual review .

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 whilst on an excursion.

Schools will always call an ambulance if your child's medical condition requires emergency medical assistance

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. I 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 undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.