

Forrest Primary School

9 Hobart Avenue, Forrest ACT 2603

Phone: 02 6142 1470

Email: [forrestps@ed.act.edu.au](mailto:forrestps@ed.act.edu.au)

Website: [www.forrestps.act.edu.au](http://www.forrestps.act.edu.au)



5 February 2021

**FORREST PRIMARY SCHOOL SWIMMING CARNIVAL**

Dear Parents and Carers,

The Forrest Primary School Swimming Carnival will be held on Thursday 25 February at Canberra International Sports and Aquatic Centre (CISAC). The carnival aims to provide an opportunity for confident and competent swimmers to participate in competitive events, and for beginner swimmers to participate in non-competitive events. It will also allow us to select a team to represent Forrest Primary School at the South Weston Swimming Carnival.

This year, students turning 8 years old this year (born in 2013), as well as all students in Years 3 – 6, are invited to attend the carnival, provided they are confident swimmers. It is extremely important that all students participating in competitive events can swim at least 50m competently, and all students participating in non-competitive events can swim at least 25m competently. There will be no novelty events for non-swimmers. Non-swimmers will remain at school on the day.

Students should wear their swimmers underneath their house colour clothes and bring their own hat, towel, spare bag for wet clothes, drink bottle and food for the day. Please note that the canteen at the pool will not be available to students.

Please note that to ensure we continue to operate in alignment with COVID safe regulations, we have been advised that **parents/carers and spectators will not be permitted to attend the carnival.**

Date: **Thursday 25 February 2021**

Time: Depart Forrest Primary School at 9:25am

Return to Forrest Primary School:

Year 2 at 12:00pm, Years 3-6 at approx. 2:45pm

Place:  **CISAC, 100 Eastern Valley Way, Bruce ACT 2617**

Transport: Bus

Students: Year 2 students born in 2013, and Years 3 – 6 students

Coordinating teacher: Mark Robson

Cost: $15.00

Means of contact with group: via front office 6142 1470 or CISAC 6251 7888

Permission note due date: **Thursday 18 February 2021**

**Student Welfare: Expectations and Consequences for Inappropriate Behaviour**

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. Students who indulge in such behaviours may be sent home.

**Excursion Medical Information**

An Excursion Medical Information and Consent Form is held at Forrest Primary School for your child. 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 be noted on the Medical Information and Consent form kept at the school and arrange to update the form. 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. School staff have a duty of care to provide first aid assistance when required, therefore for students who are known sufferers of asthma, anaphylaxis, diabetes or epilepsy, a current Emergency Treatment Plan must be completed, signed by both parents/carers and the student’s doctor and provided to school. If there is no treatment plan, we are unable to take the child on any excursion including camp.

*It is customary for the school to request a financial contribution towards the cost of your child’s participation in this excursion. These contributions are voluntary. The school has made every effort to keep the costs of this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for families who are unable to make the requested contribution. If, however, there is insufficient funding available to meet the cost of the excursion, regrettably, we may not be able to proceed.*

Yours sincerely,

Mark Robson

Sports Coordinator

**PERMISSION NOTE – please return to school by Thursday 18 February 2021**

**FORREST PRIMARY SCHOOL SWIMMING CARNIVAL**

Please tick the appropriate box:

**I give** permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_\_\_\_\_

**I do not give** permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_\_\_\_\_

to attend the Forrest Primary School Swimming Carnival at CISAC on Thursday 25 February 2021.

I have read the attached information regarding this excursion and understand the content.

Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent contact number on the day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **PAYMENT – please make payment by Thursday 18 February 2021**

**FORREST PRIMARY SCHOOL SWIMMING CARNIVAL**

### Cost is $15.00, which includes transport and entry to CISAC

Method of payment:

Cash or cheque

QuickWeb via [www.forrestps.act.edu.au](http://www.forrestps.act.edu.au) (fee code: SWIM CARN)

Receipt number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The preferred method of payment is via QuickWeb.

All cheques must be made payable to Forrest Primary School.

Cash payments should be correct money, as we do not always have change in the front office.

**COMPETITORS NOMINATION FORM – please return to school by Thursday 18 February 2021**

**FORREST PRIMARY SCHOOL SWIMMING CARNIVAL**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_

Year of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important information for 200m Medley and 100m events**

The 200m Medley and any events not listed below will not be held at the school carnival. Students are required to submit their Swimming Club times for these events to Mr Robson **no later than Thursday 4 March 2021** if they wish to represent the school at the South Weston Swimming Carnival. If you have any questions or concerns about submitting your child’s times, please contact Mark Robson at [mark.robson@ed.act.edu.au](mailto:mark.robson@ed.act.edu.au)

**25m Events**

This non-competitive event is only for beginner swimmers who are not doing any 50m events.

**Non-swimmers**

Non-swimmers will remain at school for the day.

My child can confidently and competently swim and would like to participate in (please tick):

50m Freestyle 25m Freestyle

50m Backstroke 25m Breaststroke

50m Breaststroke 25m Backstroke

50m Butterfly



Medical Information

and

Consent Form



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* (ACT).

Personal Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student name: | |  | | | | | | | | | Gender: | 🞏 M 🞏 F |
| School: | **Forrest Primary School** | | | | Class: |  | | Date of birth: | |  | | |
| Parent/Carer name: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
| Home phone: | |  | | Work phone: | | |  | | Mobile phone: | |  | |
| Emergency Contact 1: | | |  | | | | | | Telephone no: | |  | |
| Emergency Contact 2: | | |  | | | | | | Telephone no: | |  | |
| Doctor name: | | |  | | | | | | Telephone no: | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick if your child suffers any of the following:** | | | | | |
| 🞏 allergies | 🞏 blood pressure | | 🞏 **epilepsy\*** | 🞏 hay fever | 🞏 nose bleeds |
| 🞏 **anaphylaxis\*** | 🞏 **diabetes\*** | | 🞏 fainting | 🞏 headaches | 🞏 reaction to drugs |
| 🞏 **asthma\*** | 🞏 eczema | | 🞏 fits or blackouts | 🞏 heart condition | 🞏 sight/hearing problems |
| 🞏 other (please specify) | |  | |  | 🞏 sunscreen sensitivity |

**\***Please attach Emergency Treatment Plan/Action Plan

|  |  |  |
| --- | --- | --- |
| Date of last tetanus injection: |  | |
| Is the student presently taking any medication?  Parents must give written permission and directions for the administration of any medication taken during school or after hours school activities. Medications are to be clearly labelled with prescription details, in unopened, original packaging. Completion of the *Emergency Treatment Plan* is required. | | Yes 🞏 No 🞏  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? | | |
|  | | |

**Consent to medical attention**

**Parents/carers should note that in the absence of an *Emergency Treatment Plan*, 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**.

**PLEASE READ:** In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis and asthma emergency, I consent to the provision of first aid and any treatment as outlined in the attached *Emergency Treatment Plan*. 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. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.

|  |
| --- |
| Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |