

Swimming Program 2017 – Year 2

Dear Parents/ Caregivers,

This year, Year 2 students have the opportunity to participate in daily swimming lessons for 2 weeks during Term 3, from 4 September to 15 September 2017. Lessons will be held at the Active Leisure Centre, McBryde Crescent, Wanniasa.

The ACT Education Directorate provides substantial funding for Year 2 students in ACT Public Schools to participate in the new royal Life Saving ACT *Aqua Safe Program*. The program is a series of 10 practical and 5 theory lessons focused on general water safety and personal aquatic survival skills. This targeted approach ensures every participating student has the opportunity to access structured aquatic activities during primary school.

Online Registration:

You must register your child for participation in the program via the Royal Life Saving ACT schools' programs website.

Instructions on how to register and registration codes are attached to this note.

Program Dates: Week 8 Term 3: 4-8 September, 2017
Week 9 Term 3: 11-15 September, 2017

Departure/ Return Times: Please ensure children are present at school at 9am for a punctual departure.

Year Group	Departure Time	Return Time
Year 2	10:15am	11:35am

Cost (including bus hire):

Year Group	Program Information	Cost
Year 2	<i>Aqua Safe Program</i> 10 x pool based lessons and 5 x theory based lessons	Total cost: \$50

General Notices:

Children are to arrive at school with their **swimmers on under their clothes**. Please ensure that children have a plastic bag containing their **towel, goggles and a warm jumper**. This bag will travel with them to and from the Active Leisure Centre. Children will change into dry clothes when they return to school after each swimming lesson. Please ensure children have packed all appropriate clothing for the remainder of the day. **Please ensure all items are clearly labelled with your child's name.**

Children who **are not** participating in swimming lessons will continue with normal programs at school for the duration of swimming lessons.

Families and students attending are reminded that the appropriate, safe behaviour is expected. Occurrences of dangerous behaviour will require students to be promptly returned to school. This is done at the discretion of teachers attending. All attending teachers will have reliable telephone communication with the school should any issues arise. Parents and carers will be able to contact attending teachers if needed through front office staff at LECS. Staff members accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their activities and behaviour.

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 risk to themselves, to others and to property, as a result of impulsive, wilful or disobedient behaviour.

If you have any questions about this excursion please ask your child's teacher.

Thank you

Sharon Craft
Ag Deputy Principal

4 August 2017

Permission Form – Year 2 Swimming Program 2017

My child _____ **will not** be attending the *Swim and Survive Program* in 2017. I am aware that they will be participating in an alternative learning program at school.

OR

I give permission for my child _____ to attend the excursion to the *Swim and Survive Program* at Active Leisure Centre, Wanniasa, daily during the weeks of 4-8 September, 2017 and 11 -15 September, 2017.

I understand the children will be travelling by bus with accompanying teachers from Lyons Early Childhood School.

I give permission for the teacher in charge to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and agree to meet the costs associated with any emergency arrangement made by the teacher in charge. Free ambulance transportation only applies in the ACT.

I understand that I am required to enrol my child for this program through the online enrolment system using the address and login details provided.

\$50 has been paid directly to Royal Life Saving ACT via the online payment system

Payment is due by 29 August 2017.

Payment can be made in part payments over time or full payment by 29 August.

Parents seeking financial assistance for their child to participate in swimming lessons may discuss their request for assistance with Mitchell (Deputy Principal).

I have read the attached information regarding this excursion and understand what it contains.

Please return this Permission Form and the attached Medical Information and Consent Form by **Friday 25 August 2017.**

Full name of parent (please print): _____

Signature of parent: _____

Date: / /

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education and Training.

Excursion Medical Information and Consent Form

Please note that Directorate policy states that this form must be completed for each excursion

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 on a category B, C & D excursion, overseas excursion, sports and all outdoor adventure activities.

A copy of each student's form must be taken on the excursion

The department 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 note that in the absence of a specific Plan standard First Aid will be administered

Student's Surname/Family Name: _____ Given/Preferred Name: _____

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

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

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 to complete. 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 ever 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.

Is the student presently taking any medication? Yes No

If YES, please state name of medication and dosage: _____

NB. This information should be reflected on the General Medical Information and Consent Form kept at the school. Please inform LECS Front Office staff of any changes so General Medical Information and Consent Forms can be updated.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

Arrangements for the transport, storage and administration of medication need to be made with the teacher in charge prior to leaving on the excursion. 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? Provide details.

Is there any other information you believe may help us 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 medical treatment as outlined in a specific First Aid Plan. I further 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 also undertake to pay any costs which may be incurred for medical treatment, ambulance transport and/or medications.

Signed: _____ Date: ___ / ___ / ____
(Parent/Carer)

Signed: _____ Date: ___ / ___ / ____
(Parent/Carer)

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.

Parent Information – Water Safety and Survival Year 2 Leaders

Please read the following important information.

You will need to register your child for participation via Royal Life Saving ACT's dedicated schools' programs website. **The permission note issued by the school will not enrol your child into the program.** Instructions on how to register are provided below.

If you do not have online access, hard copy forms are available at the Front Office.

Hard copy forms should be returned to school no later than **29 August 2017**

Our Program

Our program will begin on **4 September** and end on **15 September**. Students will attend a 30-minute lesson each day for 10 days. Our program will be held at ACTIVE LEISURE CENTRE, WANNIASSA. You are more than welcome to attend and observe your child's progress throughout the program. Please be aware that there may be a spectator fee to pay to watch your child.

Payment

Payment for the program will be made online at the time of registration unless otherwise arranged with the school. Please talk to the school if you are unable to pay on line (i.e. no credit card). You will be issued a unique voucher number after payment to the school has been made. The cost of the program is \$50.

Student Registration

To register online please follow this link www.royallifesavingact-enrol.com.au click on REGISTER and use your child's **registration code** below. If you have more than one child attending they may have a different registration code. Please make sure that you use the correct registration code as this relates to the program they are attending as well as the time slot they are in. Thank you.

Your child's registration code: AS1040LYO17

IMPORTANT: The online enrolment portal will automatically close **3 school days** prior to our program start date (closes Tuesday night at midnight). Please ensure you have registered your child by this time.

If your child has not been registered online or via a hard copy handed to the school or RLSSA ACT office, they will not be able to participate until this has been done.

If you experience any difficulty with your online enrolment, please contact Royal Life Saving ACT directly on 6260 5800. For all other enquiries, please contact the school.