

Swimming Pool and Water Park Based Aquatic Activities Student Permission Form

Year 10

Friday, 5 April 2024

Dear Parents and Carers,

The following details relate to an excursion to Jamberoo Action Park which is being organised for Year 10 students. Students in this cohort have due to the pandemic missed year group activities like camps and end of year events. It would be great to start their last year with a big splash! There are only **150 spots** available.

The teacher in charge of this event will be Nava Chapman.

IMPORTANT INFORMATION:

Event: Year 10 Fun Day

Venue: Jamberoo Action Park

Date: Friday, 5 April 2024 (Week 10, Term 1)

Time: **Time:** 5:30am to 6:40pm

Departing School: Students to arrive at school by 5:15am for departure at 5:30am, upper courts on Horse Park Drive.

Returning to school: Returning approximate 6:40pm (time will be confirmed via text and email)

Transport: Charter Bus

Cost: \$90

Food: Packed Recess, Lunch, and water (1L)

Clothing: Swimming Attire

Dry change of clothes

Swim gear including sun safe swim wear (rash top)

Sunscreen, Hat, sunglasses

Towel

Group Size: **150** only

Teacher in Charge: Nava Chapman

Additional Adults: 9

Cost: \$90

No cash payments, Quickweb and Credit card (In person) are the only forms of payment accepted.

Permission Note and Payment Slip to Amaroo School front office by: Friday, 22 March 2024

Please complete all notes attached. Due to it being an interstate excursion we require a separate Medical Information and Consent Form to be completed.

Excursion Risk Assessment: Available at the front office

Contingency: In the case of poor weather, the event will be cancelled and refunded. Alternate program will be available at school for students not attending this excursion.

Students that have failed the swim test will be limited to selected activities within the park, for example bobsled and billabong beach.

Behavioural expectations: Students are expected to demonstrate our school PBL Behaviour Expectations of being a Safe, Respectful and Responsible Learner at all times.

Safety/Emergency procedures

If needed, the school can be contacted at Jamberoo Action Park. In an emergency the school has access to all pool facilities and the appropriate emergency services.

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.

Kind Regards

Nava Chapman
Year Coordinator

Amaroo School Swimming Pool or Water Park Based Aquatic Event: Jamberoo

Permission for Aquatic Activities

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:**

☐

25m

☐

50m

☐

100m

5. **I agree to my child taking part in swimming / aquatic activities associated with this excursion.**

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

Signature: _____

Date: _____

Please note: Students that have failed the swim test will be limited to selected activities within the park, for example bobsled and billabong beach.

Amaroo School Swimming Pool or Water Park Based Aquatic Event

Permission Note

I give permission for my child _____ in class _____
to attend the Amaroo School swimming pool or water park based aquatic event at **Jamberoo** on
Friday, 5 April 2024 travelling by Charter Bus.

Code of Conduct and Parental Agreements:

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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

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, of impulsive, wilful or disobedient behaviour.

I agree to my child participating in the swimming/aquatic activities mentioned previously. I have discussed with my child the need for sensible 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's attending this event.

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. I agree to provide any relevant medical information to the school to the 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:

Please provide the following information:

Medicare No (please include the Reference No. next to your child's name)	Private Health Fund:	Membership No
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.		

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

Signature: _____

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 Education and Training Directorate.

PAYMENT SLIP

I am paying the amount of \$90

Student name: _____

Please note that Quickweb and Credit Card are the only two forms of payment that can be accepted.

- ☐ Quickweb - **Payment made on** _____ (date) _____
(reference no.)

This is a Westpac online payment option accessed through the school website that makes a payment direct to the school's bank account. Payments can be made using a Visa or Mastercard for any school event or contribution. Please use the FEE CODE below and your child's Student Key as your reference. Student Key is usually the first 5 letters of the student's surname and the first letter of their first name.

- ☐ Credit Card – Payments may be made in person at any time between 8.30am – 3pm at the office.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.

Office Use Only:

NAME OF EXCURSION: Jamberoo

FEECODE: Jamberoo

ACCOUNT: 2310

CHANGES TO EXCURSION PAYMENTS

To protect personal privacy and to avoid students having to carry money, the school has changed the options available for payments including excursions. You will notice that future excursion notes will only have the option to pay by Quickweb (which has a credit card payment option). Payments can also be made in person at the front office via credit card/ eftpos.

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name			Date of Birth		
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> I/They use different term (please specify) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>				
School			School Year		
Parent/Carer Name			Address		
Telephone Contact	Mobile		Home		Business
Emergency Contact 1				Telephone	
Emergency Contact 2				Telephone	
Name of Qualified Health Professional			Telephone		
Section B – Medical Information					
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"/> Hay Fever	<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	
*Please complete and attach a <i>Known Medical Condition Response Plan</i>				<input type="checkbox"/> Sun Screen Sensitivity	
<input type="checkbox"/> Other (please specify)					
Please identify whether your child is presently taking any medication:					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:					
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 					
Date of last tetanus injection					
Are you aware of any physical or psychological limitations of your child (please specify)?					
Is there any other information which you believe may be relevant to the general medical/health care of your child?					
Section C – Parent/Carer Authorisation					
1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to: <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). 					
2. 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.					
3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.					
NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i> , 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.					
Parent/Carer Signature			Date		

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*.

Office Use Only					
Student Central ID		Entered into SAS	<input type="checkbox"/>	Date	