



YEAR 2 AQUA SAFE PARENT INFORMATION LETTER

Dear Year 2 Families

We are excited to be offering Year 2 students the opportunity to acquire essential life skills in water safety and survival through Royal Life Saving ACT (Aqua Safe).

The program will run for 1 week from Monday 23 March until Friday 27 March inclusive. Children will leave school at approximately 9:00am and return by 11.30am. Due to the early time for the lessons we ask that children come in their swimwear to school and bring their clothes to change back into on their return. It is essential that all children are at school by 9am.

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 – a series of 10 practical and 5 theory lessons focused on general water safety and personal aquatic survival skills. This targeted approach will ensure every participating student has the opportunity to access structured aquatic activities during primary school. These lessons will be held over 1 hour each day for 1 week.

The financial contribution for this program is \$50 per student.

To ensure your child's inclusion in this year's program, please complete the attached permission note and return to school no later than Friday 16 March 2020. Online enrolment and payment must also be completed for your child to attend. Please see the following page for instructions on enrolment and payment.

If you have any questions about the program or enrolment, please don't hesitate to contact me. If you require support in making the financial contribution please contact the Principal Simon on 6142 3777 or via email Simon.Barker@ed.act.edu.au.

Yours sincerely

Aimee Hunter
Executive Teacher
25 February 2020

We pay respect to the United Ngunnawal Elders Council and to the Elders both past and present of the Ngunnawal Nation for they hold the hopes and dreams for the future of the ACT and surrounding region. We also acknowledge and pay respect to the Wreck Bay peoples as custodians of the lands on which Jervis Bay School is located.

ONLINE ENROLMENT AND PAYMENT INSTRUCTIONS

Please read the following important information below. 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, please ask for assistance at the front office.

Our program will begin on Monday 23 March and end on Friday 27 March. Students will attend a 60 minute lesson each day for 5 days (2 sessions per day). Our program will be held at the Lakeside Leisure Centre, Tuggeranong. 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.

The cost of the program is \$50.00.

Student Registration

To register online please follow this link www.royallifesavingact-enrol.com.au click on REGISTER and use your child's **registration code**.

Your child's registration code:

AS0930IP20

IMPORTANT: The online enrolment portal will automatically close on Wednesday 18 March, 2 school days prior to our program start date. Please ensure you have registered your child by this time. **If your child/ren have not been registered online 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.

We pay respect to the United Ngunnawal Elders Council and to the Elders both past and present of the Ngunnawal Nation for they hold the hopes and dreams for the future of the ACT and surrounding region. We also acknowledge and pay respect to the Wreck Bay peoples as custodians of the lands on which Jervis Bay School is located.

Excursion Permission Note for Parents

I give permission for my child _____ in class _____
to attend the Isabella Plains Early Childhood School excursion to Lakeside Leisure Centre on
23 to 27 March, 2020 travelling by chartered bus

I have completed the online Royal Life saving Australia enrolment form and paid the fee of
\$50.00.

I agree to my child participating in the activities associated with this excursion 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 attending this excursion.

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.

Name of Parent/Carer: (please print) _____

Signature: _____

Date: _____

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 in order 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.

Letter to Parents Excursion Medical Information and Consent Form

Dear Parents

I am attaching an Excursion's Medical Information and Consent Form and request that you complete and return it to the school as soon as possible.

The information on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998(Cwth)* and will be treated as confidential. 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.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

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 also be reflected on the General Medical Information and Consent form kept at the school and arrange to update the form.

Management of Medical Conditions

The ACT Education Directorate is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, Directorate's policies require principals to ensure that a comprehensive written authority is obtained from you (the student's parents) and also that you provide a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy

You are asked to indicate on the attached Excursion Medical Information and Consent form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

Emergency Treatment of an Asthma Attack

Please read this section carefully and seek clarification from your family doctor if necessary.

These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately.

Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems.

This treatment could be life saving and ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side effects.

Medical Services for Students attending ACT Public Schools

ACT Health advises that the following arrangements apply to students in ACT Public Schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT.

Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Free ambulance cover does not apply to students in the Jervis Bay area of the ACT.

Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment

1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, she/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly would be appreciated.

Yours faithfully

Simon Parker
20/6/2019



EXCURSION MEDICAL INFORMATION AND CONSENT FORM

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 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 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:		School Year:		Camp/Excursion:	
Parent/Carer:					
Address:					
Contact Telephone Nos					
<i>Business Hours:</i>		<i>After Hours:</i>		<i>Mobile:</i>	
Other Contact for Emergency:				Telephone No:	
Name of Student's Doctor:				Telephone No:	
Medicare No:		Private Health Fund 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. (Please note: 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.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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