Year 2 AquaSafe Swimming program 2024

Dear Parents and Carers,

Next term our year 2 students will be participating in AquaSafe. AquaSafe is the Year 2 water safety and awareness program developed and delivered by Royal Life Saving ACT on behalf of the ACT Government. AquaSafe aims to prevent unnecessary loss of life from drowning and to promote safe behaviours and attitudes whilst in and around water by arming children with sound water safety knowledge and a strong basic skill set. This is delivered using an integrated program with 6 common strands:

|  |  |
| --- | --- |
| • Entries & Exits• Movement & Swimming Strokes• Underwater Skills  | • Sculling & Body Orientation• Survival and PFD skills • Basic Rescue |

**About the program**

Our program will begin **Monday 21st October** to **Friday 25th October 2024**. Students will attend a 60-minute lesson each day for 5 days. Our program will be held at the **Canberra International Swimming and Aquatic Centre.**

The Year 2 students will be transported to the pool by bus. We will be leaving Turner School at 12:45pm and returning around 2:30pm each day.

On the third day of the program, students will have the opportunity to experience what it’s like to swim in normal clothing. They will be required to wear clothing over their swimwear to learn how to take off heavy clothing in the water. This is essential in preparing them for an accidental fall into the water.

Along with the practical water safety components, Royal Life Saving ACT’s school programs teach students about different aquatic environments and how to make informed decisions to reduce the associated dangers and risks. The 5 theory lessons will be taught by our 1/2 teachers before we go to the pool.

|  |  |
| --- | --- |
| When | **Monday 21st October – Friday 25th October 2023** (week 2, term 4) |
| Where | CISAC, Belconnen |
| To action **by Monday 14th October** | * Please make payment and complete registration online using the enrolment link
* Please return signed **permission** and **medical** forms to the school
 |
| To bring | * Swimwear
* Towel
* Plastic bag for wet things
* Drink bottle
* Extra set of dry clothes for the ‘wet clothing’ day on Wednesday 23rd October
* Please make sure to LABEL everything.
 |

Sincerely,

*Adam Volmari*

*Turner School AquaSafe Swimming Program Co-ordinator*

Registration information

Could you please complete online registration and payment for the participation of your child in the Royal Life Saving *AquaSafe* program by Monday 14th October. Instructions on how to register are provided below.

**Online Payment and Student Registration**

To pay and register online please use the enrolment link below and follow the instructions on the website to enrol your child in the Aquasafe program

**Enrolment link:** [https://bit.ly/Turner2024AquaSafe](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbit.ly%2FTurner2024AquaSafe&data=05%7C02%7C%7C4fe3b540c8704323851408dcc580966b%7Cf1d4a8326c2144759bf48cc7e9044a29%7C0%7C0%7C638602407971767595%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=jibZ3jpK4nPyAxvKKZ2yIrnMtGnlFA9wwx29ODIvauc%3D&reserved=0)

**IMPORTANT**: ***Every child must have their registration and payment lodged with AquaSafe five (5) days before their lessons begin to ensure they are placed into a swimming group. Should you not be able to access the internet, please contact your child’s classroom teacher for support.***

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

Permission Note

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class\_\_\_\_\_\_\_\_\_\_\_ to attend the AquaSafe excursion to CISAC from Monday 21st October through to Friday 25th October travelling to and from the excursion by bus. The total cost of the excursion is $50 (including buses). This needs to be paid directly to AquaSafe using the enrollment link.

1. I authorise for the teacher in charge to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency decisions made by the teacher in charge.
2. I agree that should my child's behaviour be such that the teacher in charge considers it warranted to return my child home, this will be done at the expense of the parent/guardian.
3. I agree to my child travelling by private car, driven by a staff member or parent as the case may be, if the need for such travel arises.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (Turner School). This information is necessary for us to be able 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. (*Drafting note: disclosure overseas reference may be omitted for local excursions.*)

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](http://www.det.act.gov.au)) on the About Us page.

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 that may occur on an excursion where, in all circumstances, staff members have not been negligent. Parents should advise children of the risk to themselves, to others and to property, of impulsive, willful, or disobedient behaviour.

I have read the above information and understand what it entails.

FULL NAME OF PARENT/GUARDIAN (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED PARENT/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Swimming Pool and Water Park Based Aquatic Activities**

**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 an excursion to a swimming pool and water park based aquatic event. 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 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:  **Turner School** School Year:  **2** Camp/Excursion: **Aqua Safe**

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:

Anaphylaxis \* Allergies Fits or Blackouts Nose bleeds
Asthma \* Blood pressure Hay fever Reaction to drugs Diabetes \* Eczema Headaches Sight/hearing problems

Epilepsy \* Fainting Heart condition 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 treatments (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.

**Please turn over and complete opposite side**

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 four 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

I consent to the administration of paracetamol to my child by the teacher in charge 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?

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed (Parent/Carer): …………………………….…………………………………...……… Date: / /

Signed (Parent/Carer): …………………………….…………………………………...……… Date: / /

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 the excursion. Schools will always call an ambulance if your child’s medical condition requires emergency medical assistance