Dear Parents and Carers,

The Year 6’s and 7’s will be attending an Aquatics day at the Port Noarlunga Aquatics Centre. The Year 7’s will be attending on Thursday 12th March and the Year 6’s will be attending on Friday 13th March 2015.

We will be travelling by Private bus, leaving school at 10.30am and returning by 3.00pm.

Please fill out the consent form below along with the Swimming/Aquatics consent form, and if needed, the Asthma care plan and return it to your child’s class teacher by Friday 6th March.

Regards,

Year 6/7 teachers

I______________________ give permission for my child__________________ to attend the Aquatics day at Port Noarlunga Aquatics Centre on Thursday 12th of March and to travel to and from the Aquatics Centre in a chartered bus.

If you are Registered Volunteer with a Current Catholic Police Clearance, you are most welcome to join us on the day.

Yes I will come. No I can’t make it. (Please circle one)

Signed_________________________ Date___________.
SWIMMING/AQUATIC CONSENT FORM

CONFIDENTIAL

To be completed by the PARENT/GUARDIAN for students participating in swimming and aquatics activities.

This information will be shown to SCHOOL STAFF and SWIMMING INSTRUCTORS and EMERGENCY SERVICES PERSONNEL responsible for this student’s safety at swimming and aquatics activities.

Student name ............................................................................... Date of birth ........................................

First name (please print) Family name (please print)

Name of school............................................................................. MedicAlert Number (if relevant)..............

Emergency contact phone number...................................................

1. Health support information for swimming and aquatic activities

Please complete the following information so the instructors and school staff can plan for your child’s safety in the water. No student will be excluded from swimming except on medical advice.

Does your child have a health care need that could affect their safety in the water?

☐ NO If NO, please go to section 2 – CONSENT TO TAKE PART IN SWIMMING AND AQUATIC ACTIVITIES.

☐ YES If YES, please tick the boxes below that show your child’s health care needs:

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Seizures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child under a health care plan for asthma?</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Severe allergy (eg bee sting)</td>
<td>Heart Disorder</td>
</tr>
<tr>
<td>Joint Disorder (eg arthritis)</td>
<td>Hearing Impairment</td>
</tr>
<tr>
<td>Vision Impairment</td>
<td>Skin condition (eg dermatitis)</td>
</tr>
<tr>
<td>Ear Disorder (eg drainage tubes)</td>
<td>Swallowing/choking difficulties</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Communication difficulties</td>
</tr>
</tbody>
</table>

Medication usually taken at school

Swimming and aquatics instructors need a written health care plan from your child’s doctor/treating health professional to plan for any special health needs. Have you attached health care information from your child’s doctor/treating health professional? (This may be a copy of the information you have provided already to the school).

☐ NO If NO, staff and instructors will provide standard supervision for safety and first aid (see over).

☐ YES If YES, write down what you have attached (eg asthma care plan; details about ear care).

2. Consent to take part in swimming or aquatic activities

I give my consent for my child names above to take part in swimming and/or aquatic activities

I understand that school staff will be present and provide supervision for safety.

I understand that the swimming or aquatics instructors will be in charge of the water activities.

Parent/guardian or adult student ............................................Date..........................
This section is for the instructor and/or class teacher about any special measures to be taken for this child's safety in the water.
(for example, safety watch because of a history of seizures; easy access to child’s asthma medication; teacher to ensure two puffs of reliever ten minutes prior to lesson; teacher to ensure child eats two snack portions from diabetes school kit)

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Standard health care support for the most common health conditions

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Support Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asthma</strong></td>
<td>Any child currently prescribed asthma medication must bring their medication. Asthma care plan should be attached to this consent form. Standard first aid: Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, four minutes. If still no relief, call an ambulance. No return to the water after two lots of reliever medication within any given session.</td>
</tr>
<tr>
<td><strong>Seizures</strong></td>
<td>No swimming without care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures will have an adult acting as one to one safety watch. Seizures are generally managed in the pool. Once the seizure is over, the child will leave the pool for the rest of the session.</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>No swimming without care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</td>
</tr>
<tr>
<td><strong>Severe allergy</strong></td>
<td>As per allergy specialist care plan</td>
</tr>
<tr>
<td><strong>Drainage tubes in ears</strong></td>
<td>Appropriate protection using plugs, caps and ear wraps to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</td>
</tr>
<tr>
<td><strong>Incontinence</strong></td>
<td>As per care plan</td>
</tr>
<tr>
<td><strong>Choking</strong></td>
<td>As per care plan</td>
</tr>
</tbody>
</table>

Responsibilities

The teacher(s) from the school:
- provides overall supervision
- supervises lesson preparation, including sun protection for outdoor activities
- supervises packing up at the end of activities
- is responsible for general behaviour management
- ensures consent forms, including relevant health support information, are provided to the instructor in charge. This includes identification of staff appointed to individual student safety watch (for example if a student has epilepsy/seizures).

The instructor
- is responsible for the swimming and aquatics learning program
- must negotiate with teachers any individual student health support (as indicated on consent forms) before students enter the water
- supports school policies including behaviour management and safety including sun protection
- ensures school staff and students are informed about emergency procedures.
Asthma care plan
for schools, preschools and childcare services

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN/ADULT STUDENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student .......................................................... Date of birth ..........................................................

Family name (please print)   First name (please print)

Medic Alert number (if relevant) ............................................ Review date ..........................................................

Description of the condition

<table>
<thead>
<tr>
<th>Signs and symptoms:</th>
<th>Frequency and severity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty breathing</td>
<td>Frequently (more than 5 x per year)</td>
</tr>
<tr>
<td>Wheeze</td>
<td>Occasionally (less than 5 x per year)</td>
</tr>
<tr>
<td>Tightness of chest</td>
<td>Daily/most days</td>
</tr>
<tr>
<td>Cough</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

Triggers (eg exercise, chalk dust, animals, food, pollens, chemicals, weather, grasses, lawn mowing) ...........................................

Curriculum considerations (eg physical activity, camps, excursions, kitchen, laboratory or workshop activities, interrupted attendance)

First aid

If a child/student has an asthma attack at school/preschool/child care, staff will administer basic asthma first aid:

Assess  Is it mild, moderate or severe?
Sit     Upright, stay calm and reassure
Treat   4 separate puffs of blue/grey reliever medication with a spacer if available. Repeat in 4 minutes if no improvement.
Help    Call for an ambulance if no improvement or when in doubt.
Monitor Observe person. Repeat medication every 4 minutes as required.
All OK   Resume activity if free of symptoms. STOP activity if treatment was repeated or symptoms persist.

If you anticipate this child/student will require something other than this standard first aid response, please provide detailed written recommendations so special arrangements can be negotiated.

Additional information attached to this care plan

☐ Medication plan (If supervision of medication is recommended at school/preschool or childcare)
☐ Individual first aid plan (If different to standard first aid-see model over page)
☐ General information about this child/student's condition
☐ Other (please specify) ...........................................................

AUTHORISATION AND RELEASE

Medical practitioner .......................................................... Professional role ..........................................................

Address ...........................................................................................................................

Telephone ..........................................................................................................................

Signature ......................................................................................................................... Date ..........................................................

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to education/childcare staff and emergency medical personnel.

Parent/guardian or adult student .................................................. Signature .......................................................... Date ..........................................................

Family name (please print)   First name (please print)