



SWIMMING CARNIVAL 2024

Dear Parents/Carers,

As part of our Term 1 House activities, we are excited to invite our students to participate in the upcoming Swimming Carnival at the SA Aquatic and Leisure Centre on Thursday, 8 February 2024. This event promises a day filled with excitement, teamwork, and friendly competition.

Event Details:

Date: Thursday, 8 February 2024

Location: SA Aquatic and Leisure Centre, 443 Morphett Rd, Oaklands Park

Arrival Time: From 8:40 am at the 'Event Entry' on the south-west side of the building

Optional Warm-up: 9:00 am

Departure Time: 3:15 pm at the 'Event Entry'

Events and Activities:

Students have the option to participate in a range of traditional swimming events such as freestyle, breaststroke, backstroke, and butterfly. Additionally, there will be engaging team events including the noodle relay, surfboard relay, kickboard collection relay, and the 'late for school' relay. No pre-nomination for events is required; students can proceed directly to the marshaling room at the time of their event.

Consent Forms:

To allow your child to participate, please complete the attached consent forms (BSS Consent Form, SA Government Swimming and Aquatic Consent Form, and Health Plan if applicable). These forms can also be collected from Student Services. Kindly return the completed forms to Student Services by Monday, 5 February 2024. Please note that we cannot accept consent forms submitted after this date.

Items to Bring:

Food, Water bottle, Bathers, Goggles, Towel, Personal medication (if required). The Grandstand Kiosk will be open for students to purchase food or drinks between 11:00 am and 2:00 pm.

Transport:

As this is a local event, students are responsible for their transportation to and from the SA Aquatic and Leisure Centre, arranged by their parent/carer.

If you have any questions or require further information, please feel free to contact your child's House Leader or a member of the Health and Physical Education faculty. Please note that this event also serves as a platform for selecting our Interschool Swimming team. Thank you for your continued support, and we look forward to a day of spirited competition and enjoyment at the Swimming Carnival.

Yours sincerely,

Matt Fuss
Leader of Health and Physical Education



CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

(Note: that parents includes independent students, see definitions of the camps and excursions procedure)

Requirements in this document must not be altered. Please use block letters when filling out this form

As a parent of:

STUDENT/CHILD'S NAME	HOME GROUP:
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I:

PARENT NAME

give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Swimming Carnival
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do not give my consent for [name of child] to participate in any religious activities outlined below (if applicable)

at/on:

LOCATION	SA Aquatic and Leisure Centre, 433 Morphett Road, Oaklands Park
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FROM:

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 TO:

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 OR ON:

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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school/preschool in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the site.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
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TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

Swimming/Aquatic Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in swimming and aquatics activities. This form will be shown to School Staff and Swimming Instructors and Emergency Services Personnel responsible for this student's safety at swimming and aquatics activities.

**STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED
CONSENT FORM**

Section 1: Person Details

Student Name.....Date of Birth.....

Name of School Medic Alert No. (if relevant).....

Emergency Contact Person Contact No

Section 2: Health Support Information

Please complete the following information so the instructors and school staff can plan for your child's safety in the water.

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

If NO – please go to section 3 – consent to participate in Swimming or Aquatics Activities.

If YES – please complete this section

If you tick any of the boxes below the Swimming and Aquatic Instructors need a written health care plan from your child's doctor/treating health professional. This may be a copy of the information you have provided already to the school.

IMPORTANT: failure to provide required medication will result in standard First Aid Management in an emergency.

Asthma		Seizures, Epilepsy	
Severe allergy (e.g. bee sting)		Diabetes	
Joint disorder		Heart Disorder	
Vision impairment		Hearing impairment	
Ear disorder		Skin condition	
Incontinence		Swallowing/choking	
Medication usually taken at school		Communication difficulties	
Other (please provide details)			

Have you attached health care details from your child's doctor/treating health professional? Yes/No

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

If YES, write down what you have attached and please ensure all relevant medication is provided.

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Section 3: - Consent to take part in swimming or aquatics activities

I give my consent for my child named above to participate in swimming or aquatic activities

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

I understand that the swimming or aquatic instructor will be in charge of the water activities.

Parent/guardian.....Signature.....Date.....

Standard Health Care Support for the most common health conditions:

Asthma	<p>Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form.</p> <p>Standard First Aid: Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still not relief, call an ambulance. no return to the water after two lots of reliever medication within any given session.</p>
Seizures	<p>No swimming without health care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch, provided by school. Seizures are generally managed in the pool. Continuation in the swimming program that day will be assessed by supervising teacher in consultation with student's health care plan.</p>
Diabetes	<p>No swimming without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</p>
Severe Allergy	<p>As per allergy specialist care plan</p>
Drainage Tubes in Ears	<p>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</p>
Incontinence	<p>As per care plan. Any accidents that result in contaminated water must be managed as per health regulations.</p> <p>Cryptosporidium Infection Cryptosporidiosis is caused by the parasite Cryptosporidium. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools for 14 days after symptoms have stopped.</p>
Choking	<p>As per care plan</p>
Infection Control	<ul style="list-style-type: none">- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage- Students with significant unhealed wound(s) will be advised not to go swimming until the wound has closed.- Students with ringworm should not commence swimming until at least 24hours after commencement of appropriate treatment (usually a topical anti-fungal cream)- Students with tinea should not go into pools or change rooms until at least 24 hour after commencing appropriate treatment- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.