



Reception – Year 2 Swimming Program

Date for Distribution: 16 February 2021

 Dates	 Travel	 Location	 Requirements
Monday 1 March Tuesday 2 March Wednesday 3 March Tuesday 9 March Wednesday 10 March	Bus	Fleurieu Aquatic Centre Cnr Waterport Road and Ocean Road, Hayborough	Sports uniform plus bathers, towel, goggles and a bag for wet clothing <i>all clearly labelled</i> .

Dear Parents/Caregivers

We are excited to be undertaking the Reception – Year 2 Swimming Program at the Fleurieu Aquatic Centre again this year. The program is a core part of the Australian Curriculum in the area of Health and PE. It is also always a lot of fun!

This year students will be participating in 4 x sessions (Receptions - 45min sessions, Year 1 and 2 - 1 hour sessions), run across a two week period. The lessons will be held on the dates listed above. We hope, with the close location, many parents/caregivers may be able to come and watch one or more sessions. Please refer to the table below to see when your student is swimming:

Lesson Times

Lesson 1: 11:30am – 12:15pm	Rec Gurner/Pointon and Rec Bartram
Lesson 2: 12:15pm – 1:15pm	Year 1 Coppock and Year 2 Stopp
Lesson 3: 1:30pm – 2:30pm	Year 1 Meadows and Year 2 Detmar

Please note that students will be required to wear bathers under their College Sports uniform. There will be a short time to change after their session at the pool. The swimming lessons will also incorporate beach awareness, rescue and safety, and the use of Personal Floatation Devices (PFD).

It is imperative that you return the medical form attached or your student will not be able to take part.

- If the medical form signed by the parent/caregiver states that the child has medication for a particular health problem (e.g. asthma/bee stings), that **medication MUST be with the student at the swimming lesson.**

- If your student has a medical condition that does not require medication, please write "NO MEDICATION REQUIRED" on the form.
- It is highly recommended that students wear goggles for swimming lessons.
- Warts and plantar warts must be covered with adhesive tape (NOT bandaids).
- Cold sores may require exclusion, depending on the degree of healing. Please check with instructors.
- Please provide your student with a towel and a bag in which to put their wet clothing.
- **Please name everything** – and we mean everything 😊 - uniform, shirts, underwear, towels, bathers, goggles, earplugs and medication.
- Parents/caregivers who wish to watch are welcome. If accompanied by children aged under five, they **must** be kept away from the pool area. Parents/caregivers must not interact with students during the lessons, students are under the care and instruction of the supervising teachers.
- If parents/caregivers choose to collect their students from the pool, teachers must be notified prior to the excursion and parents/caregivers must also report to the supervising teacher before leaving the pool on the day.
- Only parents/caregivers who have a Working With Children Check (WWCC) on file at the College will be allowed into the change rooms.
- On completion of the program, students will receive a Swimming Development Record to take home.

This program is compulsory as part of the Australian Curriculum and as such the Excursion Levy will cover the cost of the swimming sessions, including bus travel.

Please complete the reply slip below and the attached medical form and return to the College by **Thursday 25 February**.

Yours sincerely

Nick Smith

Head of Junior School

2021 Reception – Year 2 Swimming Program

Student Name: Class:

I give permission for my student to participate in the 2021 Reception – Year 2 Swimming Program.

I have completed and returned the Aquatics Medical Consent with this reply.

Name:

Signature:

Parent/Caregiver

*Please return with Aquatic Form consent to the College by **THURSDAY 25 FEBRUARY***



Water Safety Consent Form

CONFIDENTIAL

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

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

Section 1: Personal 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? Yes No

If **NO** - please go to Section 3 - consent to participate in Water Safety activities.

If **YES** - you must complete this section below:

If you tick any of the boxes below, the Water Safety Instructors require 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, or further information relating to a water environment / activity.

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

IMPORTANT:

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

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

If **NO** - Failure to provide a Health Care Plan will mean that in the event of a medical emergency your child will be treated with standard first aid management.

Attached:

If you tick any of the boxes below regarding your child's well-being in the water, the Water Safety instructors need a brief outline of the student's specific issue in regards to water.

Anxiety Fear of Water Other

Details:

Section 3: Consent to take part in Water Safety activities:

- * 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 impractical 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 have also attached additional or updated health care information, including details of any additional health support my child requires to undertake the above activities safely.
- * The information given is accurate to the best of my knowledge.

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 no relief, call an ambulance. No return to the water after two lots of reliever medication within any given session.</p>
Seizures	<p>Any student with a diagnosed history of seizures, must have an adult acting as one to one safety watch, provided by the school. Seizures are generally managed in the pool. Continuation in the Water Safety program that day will be assessed by a supervising teacher in consultation with the student's health care plan.</p>
Diabetes	<p>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 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 the symptoms have stopped.</p>
Choking	<p>As per Care Plan.</p>
Infection	<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 enter the water until the wound has closed.- Students with ringworm should not commence water activities until at least 24 hours 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 hours after commencing appropriate treatment.- Wearing slip-on footwear while walking in the pool and change rooms protects against transmission of some infections such as tinea and plantar warts.

NB Failure to provide adequate information about your child's health condition will mean that in the event of a medical emergency your child will be treated with standard first aid management.