



**ACT**  
Government  
Education

# Mawson Primary School

莫森小学

Ainsworth Street Mawson ACT 2607  
P: 6142 2700

E: info\_mawsonps@ed.act.edu.au www.mawsonps.act.edu.au



## SWIMMING CARNIVAL 12 MARCH 2019

The Mawson Primary School Swimming Carnival will be held on **Tuesday 12 March 2019 at Canberra International Sports and Aquatic Centre (CISAC)**. In order to comply with ACT Education Directorate procedures this will be a structured event. There will be no free play at any stage in the day. The large grassed areas, waders' pool and main pool will be used on the day. Both races and structured events will be held and all students will be able to earn points for their houses through participation and sportsmanship. Lifeguards and CISAC Swim instructors will be on duty throughout the day as well as Mawson Primary teachers providing supervision. **Students turning 8 years and older** are invited to attend this carnival. Children under this age will be involved in a water fun day at school (details will be provided in a separate note). Parent spectators and volunteers are most welcome to join us on the day and can enter the pool for the usual entry charge. (\$2.00). The teacher in charge of this event is Kent Scott-McLean.

**ALL STUDENTS TURNING 8 YEARS AND OLDER ARE ENCOURAGED TO ATTEND THIS SCHOOL EVENT. THERE WILL BE NO SUPERVISION OR ALTERNATE PROGRAM AT SCHOOL ON THIS DAY FOR YEARS 3-6.**

Please complete the attached permission and medical note and return it to school **no later than 6 March 2019**.

**Please return this medical form even if your child is not attending as this will be used for future excursions.**

<b>Date:</b>	Tuesday 12 March 2019
<b>Time:</b>	Depart Mawson Primary at 9:30am <b>(Students competing in 100m races are to make their own way to the pool via private transport to meet Mr Scott-McLean by 8:30 am)</b> Arrive at Mawson Primary at 2:30pm
<b>Destination:</b>	Canberra International Sports and Aquatic Centre (CISAC) Belconnen
<b>Cost:</b>	\$15
<b>Transport:</b>	Bus
<b>Food:</b>	Students will need to bring fruit break, lunch, recess and a water bottle
<b>What to Wear:</b>	House Colours (Davis, Markham, Casey), Swimming costume, appropriate footwear, Sun Smart hat. Please also pack a towel and dry clothing/underwear.
<b>Notes due back:</b>	Please complete the permission note and medical form and return it along with payment to your child's teacher <b>no later than 6 March 2018</b> . <b><u>Please return this medical form even if your child is not attending as this will be used for future excursions.</u></b>



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**Students will be swimming in age groups based on the year in which they were born.** For example, students born in 2008 are either 11 or turning 11 this year and will swim in the 11 years events. All events will be timed finals. As the district carnival has qualifying times, not all students who finish in the top 2 in each event will be eligible to represent the school at the district carnival.

### **Safety/Emergency Procedures:**

If needed, the school can be contacted at the Canberra International Sports & Aquatic Centre on 62517888. In an emergency the school has access to all pool facilities and the appropriate emergency services. There will be a lifeguard for every 100 students present at the event.

It is important that staff are aware of your child's swimming ability prior to the event. Please ensure you carefully complete the attached permission note indicating your child's swimming ability. There will be an alternate program at school for non-participating students.

*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, which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*Parents who wish their child to attend can pay the full amount within the given timeframe, or alternatively, make arrangements to make regular payments through an agreed payment plan. Cases of hardship should be referred to the Principal for confidential assessment.*

Regards,  
Kent Scott-McLean



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### SWIMMING CARNIVAL 12 MARCH 2019

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the excursion to the CANBERRA INTERNATIONAL SPORTS AND AQUATIC CENTRE (CISAC) on 12<sup>TH</sup> MARCH 2019. I understand the students will be travelling by BUS to and from CISAC, leaving school at 9:30 AM, returning at 2:30PM. 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 costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to 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.*

Full name of Parent/Guardian (Please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Daytime Contact Person: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_

#### Mode of Payment: **SWIMMING CARNIVAL 2019**

NB: Please place *payment only* inside an envelope, clearly marked with your child's name and class and **return to your child's classroom teacher**. Please contact Narelle in the Front Office if you wish to arrange a payment schedule.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

**Direct Deposit:** BSB: 032 777      Account No: 001623      Identifier: SWIM      Cost: \$15

Cash       Cheque (Please make payable to Mawson Primary School)       Quickweb via our school website (Please use your **CHILD'S NAME** and **SWIM** as the identifier)

Please debit my       MasterCard       Visa      Amount \$15

Card number:

Cardholder's name: \_\_\_\_\_ Expiry date:      /

Signature: \_\_\_\_\_



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### Swimming Carnival: Permission Note for Aquatic Event (continued)

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education and Training Directorate.

As part of this event and to help ensure the safety of your child, please provide the following information:

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

House: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

My child can swim:  
(PLEASE Tick)

No

Yes

Distance my child can independently swim  
(without any aid):  
(PLEASE Tick 1)

10m

25m

Cannot Swim

50m

100m

I agree to my child taking part in  
swimming/aquatic activities (for example novelty  
relays) associated with this excursion:

NO

YES

Events my child would like to participate in (please tick all that apply you may only choose 25 or 50m freestyle, not both):

25m Freestyle

OR

50m Freestyle

100m Freestyle\*

50m Backstroke

50m Breastroke

50m Butterfly

100m Backstroke\*

100m Breastroke\*

100m Butterfly\*

200m Individual Medley \*

## PLEASE Note that students must be able to swim (as indicated above) at least 25 metres to enter the races ##

\*Note: if your child would like to participate in any 100m event, they must be present at the pool by 8:30am (by private transport).

Name of Parent / Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Emergency contact on the day:

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_



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**Parent assistance:**

I am able to assist as a: (please circle)

Place judge

Time Keeper

Stroke Judge

Name of helper: \_\_\_\_\_ Phone contact (during school hours): \_\_\_\_\_

## Mawson Primary School Swimming Carnival Program

- Open 100 Freestyle Boys
- Open 100 Freestyle Girls
- Open 100 Backstroke Boys
- Open 100 Backstroke Girls
- Open 100 Breaststroke Boys
- Open 100 Breaststroke Girls
- Open 200 IM Boys
- Open 200 IM Girls
- Open 100 Butterfly (if time)

Open races will commence from 8:30 – parents will need to transport the children to CISAC

Boys and Girls 25 Freestyle - 2011, 2010, 2009, 2008 & 2007

Boys and Girls 50 Freestyle - 2011, 2010, 2009, 2008 & 2007

Boys and Girls 50 Backstroke - 2011, 2010, 2009, 2008 & 2007

Boys and Girls 50 Breaststroke - 2011, 2010, 2009, 2008 & 2007

Boys and Girls 50 Butterfly - 2011, 2010, 2009, 2008 & 2007

House and Teacher Relays (if time)

Reminder: Children need to enter (note above) to compete in the races.

Students not competing in races will participate in aquatic activities including water slide, musical bump, shallow water activities and some outdoor games. Students will not be allowed to enter the water (including water slide) if it is indicated that they cannot swim at least 10 meters.





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**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/Class:		Camp/Excursion:		
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 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 \_\_\_\_\_