**Canberra High School Swimming Carnival**

Dear Parents and Carers

The following details relate to an educational excursion to Big Splash, Jamison which will be the venue for this year’s school swimming carnival. Students are **not** required at school before hand and are to make their own way to the pool where they will undergo a swimming proficiency test on arrival prior to roll call being taken. Students are required to bring their permission note and entry cost on the day to enter the pool.

|  |  |
| --- | --- |
| **Name of Excursion:**  Canberra High School Swimming Carnival | **Date of Excursion:**  Friday – 3rd February 2023 |
| **Venue:**  Big Splash, Jamison | **Times:**  08:00am to 02:40pm |
| **Cost:**  $15 cash to be paid on entry to the pool along with the permission note | **Staff in Charge:**  Brenton Mikk, Jace Iemma & Cameron Betts |
| **Transport:**  Make your own way to and from the venue | **Equipment Required:**  Please bring your own food, there will be a canteen at the pool.  Clothing: Swimmers, wide-brimmed hat, sunscreen, sun-protection clothing in house colours (Denman-Red, Gowrie-Green, Lyons-Yellow, Fisher-Blue), water bottle. |
| **Other information**  If this payment is a problem, please contact 61420800. Spectator fee for parents, carers and siblings is $3.00. |  |

**Safety/Emergency procedures**

If needed, the school can be contacted at Big Splash, Jamison (62511144). In an emergency the school has access to all pool facilities and the appropriate emergency services.

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.

In case of extreme weather conditions announcements will be made on the school website and each year group’s Google Classroom pages as early as possible on or before the day**.**

**If the event is cancelled, a normal school day will proceed, although the school’s canteen will not be available.**

Excursions are offered to enrich student learning. Students are expected to catch up on any work missed whilst on excursion and are encouraged to talk to their teachers beforehand. Students are expected to be in full school uniform when attending excursions.

Kind Regards

Samara Chisholm

*School Principal*

**Swimming Carnival– Big Splash**

|  |
| --- |
| **Permission for Swimming Activities**  Teachers are required to assess the swimming ability of every child they take on an excursion where there is water for swimming or aquatic activities. To help ensure the safety of your child, please provide the following information relating to their swimming ability:   1. **Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 2. **School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 3. **My child can swim:** No   Yes   1. **Distance my child can confidently swim. Please circle.**   10m, 25m, 50m, 100m   1. **I agree/do not agree to my child taking part in swimming / aquatic activities associated with this excursion.**   Name of Parent / Carer: (*please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The **Survival Challenge Proficiency Test\*** is a five-step process. A student will be deemed a proficient swimmer if they can:

1. Perform a slide-in-entry and walk through 5 metres of water with acceptable stability and co-ordination
2. Swim continuously for 25 metres using an action that resembles a stroke
3. Perform survival skull, float or tread water for 1 minute in deep water. Call for help once within the minute
4. Exit water unassisted, and
5. Perform a voice rescue to a buddy who is pretending to be in trouble. Reassure the victim and encourage them to a point of safety. Call for assistance.

**Canberra High School Swimming Carnival**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Canberra High School excursion at Big Splash on Friday 3rd February 2023. Students to make their own way to and from the pool

I enclose $15

* *I agree to my child participating in the activities associated with this excursion mentioned previously. 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 associated costs. I have provided to the school all medical information relevant to my child attending 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.*
* *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.*
* *The school has made every effort to keep cost for this activity at a responsible level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*

Name of Parent/Carer:

(please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Medical notes that were received by the school will cover these excursions.**

If your child’s medical conditions have changed since filling the medical form out at the beginning of the year please contact Melinda Harrison (Melinda.Harrison@ed.act.edu.au) for a copy of a new medical form.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us 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. 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.