**Torrens Primary School**

Ritchie Street TORRENS ACT 2607

P: 6142 0777 E: admin@torrensps.act.edu.au

 W: [www.torrensps.act.edu.au](http://www.torrensps.act.edu.au)

**EXCURSION:** Torrens Primary School Swimming Carnival, Lakeside Leisure Centre, Cnr Anketell St and Athllon Dr, Tuggeranong

**YEAR LEVEL(S):** Years 2-6

**DATE OF EXCURSION:** Tuesday, 2 March 2021 (Week 5)

**TIME OF EXCURSION:** 9.30am-2.15pm (Buses leave the pool to return to school **promptly at 2pm**)

**TRANSPORT BY:** ACTION Buses

**COST: $14**

**Permission, Medical and Carnival Entry Forms due: Monday, 22 February (Week 4)**

**Payment due: no later than Friday, 26 February (Week 4)** by EFTPOS or Online only

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*This is an optional activity but enriches the school life of the child. Payment is required to cover the cost of your child attending this excursion. The school has made every effort to keep costs for this activity at a reasonable level.*

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The purpose of the Torrens Swimming Carnival is to provide a range of aquatic activities to enable all children to participate safely and build school spirit. Formal races across a range of distances in Freestyle, Backstroke, Breaststroke and Butterfly provide a platform for students to demonstrate their swimming prowess and earn the right to represent Torrens Primary School at District level. Structured novelty events are designed to support students to develop their swimming ability in a fun and safe environment and provide opportunities to earn points for their houses.

In accordance with Directorate procedures students are required to complete the following steps of the Survival Challenge Proficiency Test to be eligible to enter formal races:

* + 1. Perform a slide in entry and walk through 5m of water.
		2. Swim continuously for 25m with an action that resembles a stroke.
		3. Perform survival skull or tread water for one minute in deep

water and exit water unaided.

* + 1. Perform a voice rescue to a buddy who is pretending to be in trouble in the water.

Please turn over the page for important additional information about the carnival.

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**Additional Torrens Primary School 2021 Swimming Carnival Information**

* Students need to wear their swimmers underneath their school uniform to the pool. **Underwear and a towel will need to be packed** as well as a plastic bag for wet items. All items should be named.
* All medication required is to be clearly labelled and lodged with appropriate Action Plans at the Front Office prior to Carnival day. This will be sent to the pool for use by the First Aid Officer, if required.
* Please provide your child with extra food and drink for the day. The pool canteen may be open for purchase of drinks, ice cream etc.
* Places in swimming events will be awarded on heat times as there will be no finals.
* Each place getter in the formal races will earn points towards their age championship, and a champion boy and girl will be named for Junior (8 & 9yrs), Intermediate (10 & 11yrs) and Senior (12&13yrs). Points allocation: 1st - 10 pts; 2nd - 8 pts; 3rd - 6 pts; 4th- 4 pts (50m events, 100m Free, 200m1M). All swimmers also receive one point for each race they enter.
* Ribbons will be awarded for individual age groups in the 10 & Under form stroke events.
* Tuggeranong Regional Carnival - swimmers will be eligible to swim seven events. As we are not offering 100m form strokes at our carnival, those wishing to enter these events at Regional will need to speak directly to Mrs Bacon ON THE DAY OF THE CARNIVAL.
* Buses returning to school from the pool will be leaving Lakeside Leisure Centre promptly at 2pm.
* **Please note that due to current COVID restrictions in place at the pool, NO adult spectators will be permitted to attend the carnival.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*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 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.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Permission - 2021 Torrens Primary School Swimming Carnival**

*Please tick one:*

* **I give permission for my child to enter in the 2021 Torrens Primary School Swimming Carnival.** *(Sign this permission form, completing the Directorate statement below; complete Carnival Entry and medical forms attached and return to Front Office by next Monday (Week 4). Complete payment by Friday of week 4.)*
* **My child will attend the Carnival, but they will NOT be swimming.** *(Sign and date this permission form; no need to complete Entry Form or Directorate statement below. Complete medical form attached, make payment and return all to Front Office by Friday of Week 4).*
* **My child will NOT be attending the 2021 Torrens Primary School Swimming Carnival and will/will not come to school on the day.** *(Sign, date and return this page* ***only*** *to the Front Office. No need to complete Directorate statement below or make any payment.)*

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/CARER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: *\_\_\_\_/\_\_\_\_/\_\_\_\_*

|  |
| --- |
| **Directorate-required statement:** |
| *This information will assist to provide a safe environment for your child's participation in* |
| *swimming/aquatic activities.* |
|  |
| * Please describe in detail your child's swimming ability, e.g. water confidence, swimming strength, distance (swimming continuously) and ability to tread water.
 |
|  |
| * Please list any special requirements necessary for your child to participate in swimming/aquatic activities.
 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| * I agree to my child taking part in swimming/aquatic activities associated with this carnival.
 |
|  |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |
|  |

**Payment details: Cost: $** **14**

□ On-line ([www.torrensps.act.edu.au/payment](http://www.torrensps.act.edu.au/payment)) Receipt No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ EFTPOS

**TPS 2021 Swimming Carnival Entry Form**

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) CLASS: \_\_\_\_\_\_\_\_\_\_\_

GENDER: Male/Female (circle) DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOUSE GROUP:

(please circle)

Wenden

(blue)

Fraser

(red)

Clarke

(green)

Devlin

(yellow)

Unsure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | EVENT |  | NO. |  | EVENT |
| BOYS GIRLS |
| 1 | 2 | 10& Under 1OOm Freestyle Born 2011/2012/ 2013/2014 |
| 3 | 4 | 11/12yrs 100m Freestyle Born 2009/2010 |
| 5 | 6 | 8yrs 50m Freestyle Born 2013 (and 7yr olds) |
| 7 | 8 | 9yrs 50m Freestyle Born 2012 |
| 9 | 10 | 1Oyrs 50m Freestyle Born 2011 |
| 11 | 12 | 11yrs 50m Freestyle born 2010 |
| 13 | 14 | 12/13yrs 50m Freestyle born 2008/2009 |
| 15 | 16 | 10& Under 50m Breaststroke Born 2011/2012/ 2013/2014 |
| 17 | 18 | 11yrs 50m Breaststroke Born 2010 |
| 19 | 20 | 12/13yrs 50m Breaststroke Born 2008/2009 |
| 21 | 22 | 10 and Under 50m Backstroke Born 2011/2012/ 2013/2014 |
| 23 | 24 | 11yrs 50m Backstroke Born 2010 |
| 25 | 26 | 12/13yrs 50m Backstroke Born 2008/2009 |
| 27 | 28 | 10& Under 50m Butterfly 2011/2012/ 2013/2014 |
| 29 | 30 | 11yrs 50m Butterfly Born 2010 |
| 31 | 32 | 12/13yrs 50m Butterfly Born 2008/2009 |
| 33 | 34 | 10& Under 200m Ind. Medley born 2011/2012/ 2013/2014 |
| 35 | 36 | 11/12/13yrs 200m Ind. Medley Born 2008/2009/2010 |

***OR***

**□** My child would like to enter in a 25m event.

**□** My child will compete *only* in the novelty events in the family pool.

|  |  |
| --- | --- |
|  | **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: | 🞏 M 🞏 F |
| School: | Torrens Primary School | Class |  | Camp/Excursion: | **2021 TPS Swimming Carnival** |
| 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: |
| 🞏 allergies | 🞏 blood pressure | 🞏 epilepsy | 🞏 hayfever | 🞏 nose bleeds |
| 🞏 anaphylaxis | 🞏 diabetes | 🞏 fainting | 🞏 headaches | 🞏 reaction to drugs |
| 🞏 asthma | 🞏 eczema | 🞏 fits or blackouts | 🞏 heart condition | 🞏 sight/hearing problems |
| 🞏 other (please specify) |  |  | 🞏 sunscreen sensitivity |

If you have ticked any of the boxes above a Known Medical condition Response Plan must be provided*.* Proforma Plans are available from the school or the website. *NB. Without a Known Medical Condition Response Plan the school can only provide first aid treatment.*

***Please turn over***

|  |  |
| --- | --- |
| 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 🞏 No 🞏 |
| 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 🞏 No 🞏 |
| 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 student’s name, dosage and frequency of administration.): |
|  |
| I consent to my child receiving paracetamol for temporary pain relief? | Yes 🞏 No 🞏 |
| 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.

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_