Dear Parent/Guardian,

Big Splash has been a huge success last five years and we would like to continue this yearly excursion to celebrate the end of year. The whole school will have the opportunity to attend Big Splash Water Park, which has been booked. Kindergarten to Year 2 students are not allowed on the slide, however, they will be able to play in the new Splash Island. All other students will have access to the slide and other areas of the pool. Non-swimmers are allowed to use the slide but not the 50m pool. Students will also need to wear a wrist band indicating their swimming ability and this will be provided. It is very important to indicate your child’s true swimming ability so we can hand out the correct wrist bands for them. The wrist band indicates your child’s ability and gives them access to various areas of the pool. Blue wrist band indicates Proficient, Yellow wrist band indicates Non-Proficient and Red wrist band indicates Non-swimmer (see further explanation below). Lastly being a whole school excursion there needs to be a cut-off date for payment/permission note of Friday 27th November (week7). This will assist with organisation of ordering the appropriate number of buses.

<table>
<thead>
<tr>
<th>Date</th>
<th>Friday 11th December 2015 (Week 9)</th>
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</thead>
<tbody>
<tr>
<td>Departure Time</td>
<td>From Kingsford Smith School at 9:15 a.m.</td>
</tr>
<tr>
<td>Destination</td>
<td>Big Splash Water Park – Macquarie</td>
</tr>
<tr>
<td>Return</td>
<td>Back at school at 2:30 – 2:45p.m.</td>
</tr>
<tr>
<td>Mode of Transport</td>
<td>Deane’s Buslines</td>
</tr>
<tr>
<td>Supervising Teachers/Staff</td>
<td>Kingsford Smith School staff</td>
</tr>
<tr>
<td>Cost Yr 3 to Yr 9</td>
<td>$18.00 (includes entry to pool, all slides and transport)</td>
</tr>
<tr>
<td>Cost for Kindergarten to Yr 2</td>
<td>$14.00 (includes entry to pool, Splash Island and transport)</td>
</tr>
</tbody>
</table>

This excursion is an optional enrichment activity. The cost of this excursion should not be confused with voluntary contributions. The school has made every effort to keep costs for activities at a reasonable level. It is preferred that all students attend this excursion, however, there will be an alternate program offered at school for those students not able to attend. If you are experiencing difficulties meeting costs for this enrichment activity please don’t hesitate to contact the school.

What needs to be completed:

1. Fill out the permission note and have it signed by a parent/carer.
2. Complete medical form and swimming ability.
3. Take your money to the front office and pay. Please note the cut off for payment is Friday 27th November week 7.
4. Return the completed notes to your Classroom or Homeroom Teacher.

What to bring:

Students must bring covered shoes/sandals, a hat, sunscreen, a water bottle, spending money and/or some food for snacks and lunch. A rash vest or T-shirt must be worn at all times in and around the pool. Students who do not comply will have parents contacted and will be returned to school.

If for any reason the excursion is cancelled, Radio station MIX 106.3 will be informed by 7:30am, in which case all students should come to school fully prepared for a normal school day.

We look forward to having an exciting and memorable day at the pool. If, as a parent or carer, you have any queries about this excursion, please contact the teachers listed below.

Yours sincerely,

John Mantinas
Executive Teacher

Andrew Helleman
Primary Sports Coordinator
Big Splash Fun Day Permission Note 2015

Please return the following permission note to your Classroom or Homeroom Teacher by Friday 27th November

Student Name: ........................................ Homeroom Teacher: ........................................ Class..............

I agree:

- to give authorisation for the teachers to test swimming ability on the day of the excursion. Parents indicating swimming ability of non-proficient (yellow wrist bands) and proficient (blue wrist bands) will be tested for correct swimming level. Non swimmers will not need to be tested and will wear a red wrist band. In the case of no wrist band on a student this will also indicate a non-swimmer.
- to give authorisation for the teacher in charge to make arrangements for the welfare of the student including medical or surgical treatment in an emergency
- to meet the costs associated with any emergency arrangement made by the teacher in charge
- excursions will not be available to students who do not display acceptable behaviour both in and out of the classroom; the school considers excursions a privilege, not a right
- that the student will be under the authority of the school for the duration of the excursion, and that the school is authorised to return the student home at the expense of the parent/guardian if the school considers that circumstances warrant such action
- Understand that 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.
- Understand that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff has not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful or disobedient behaviour.

I, being the parent/guardian of _____________________________ in Year ______ have read and understood the information provided above. I give my permission for my child to travel by Deane’s bus and take part in the excursion to Big Splash (Jamison Pool) on Friday 11th December 2015.

I give permission for any photographs/video taken on the day, which contains my child, to be used in school publications:

☐ Yes  ☐ No

**PLEASE INDICATE BELOW THE SWIMMING ABILITY OF YOUR CHILD**

- Please note that all students will be tested for swimming ability on arrival.
- If students do not wear a wrist band it will be assumed that they are a non-swimmer.

My child is a non swimmer (can enter the toddler pool only). ☐ Red wrist band (Non-swimmer)

My child is a weak swimmer and can be ability tested by the school. ☐ Yellow wrist band (Non-Proficient)

My child can swim one lap of the 50m pool and can be ability tested by the school. ☐ Blue wrist band (Proficient)

Emergency contact Name: ........................................................... Mobile: .................................
(on 11th December)

I have read the attached information regarding this excursion and understand what it contains.

Parent/Guardian: ____________________________ Signed: ____________________________ Date: ___________

Please return this note to your Classroom / Homeroom teacher by the cut off date of Friday 27th November week 7
MEDICAL INFORMATION AND CONSENT FORM

This form is to be used for category C & D excursions, overseas excursions and all outdoor adventure activities. A copy of each student’s form must be taken on the excursion.

The form is intended to assist the school in case of any medical emergency with the student. All information is held in confidence.

School: ....................................................  Camp/Excursion: ....................................................
Student’s Name: ....................................................  Date of Birth: ....................................................  School Year:

Parent/Guardian: ....................................................
Address: .................................................................
Telephone Contact Nos - Business Hours:  ....................................................  After Hours: ....................................................
Other Contact for Emergency: ....................................................  Telephone No: ....................................................
Name of Student’s Doctor: ....................................................  Telephone No: ....................................................
Medicare No: ....................................................  Medical/Hospital Insurance Fund: ....................................................  Fund No: ....................................................

Ambulance Fund: ....................................................  I am aware that I am responsible for ambulance costs outside the ACT:

☐

Please tick if your child suffers any of the following:
☐ allergies  ☐ blood pressure  ☐ epilepsy  ☐ hayfever  ☐ nose bleeds
☐ asthma  ☐ diabetes  ☐ fainting  ☐ headaches  ☐ reaction to drugs
☐ bed wetting  ☐ eczema  ☐ fits or blackouts  ☐ heart condition  ☐ sight/hearing problems

☐ other - give details:

If you have ticked any boxes please give details:

....................................................  ....................................................

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: ....................................................

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.

Do you consent to the student receiving paracetamol eg. Panadol, Dymadon for temporary pain relief, high temperature or fever?  Yes ☐ No ☐

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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 an emergency, I authorise the school, where it is impracticable to communicate with me, to arrange for the student to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and drugs while the student is on the camp/exursion/outdoor adventure activity.

Signed: .................................................  Parent/Guardian  Date: ............................................

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 Department of Education & Community Services.