

Swimming/Aquatic Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in swimming and aquatic activities. This form will be shown to School Staff and Swimming Instructors and Emergency Services Personnel responsible for this student's safety at swimming and aquatic activities.
STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM

Section 1: Person 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?
If NO – please go to section 3 – consent to participate in Swimming or Aquatics Activities.

If YES – please complete this section

If you tick any of the boxes below the Swimming and Aquatic Instructors need 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.
IMPORTANT: failure to provide required medication will result in standard First Aid Management in an emergency.

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

Have you attached health care details from your child's doctor/treating health professional? Yes/No
If NO, staff and instructors will provide standard supervision for safety and first aid (see over)
If YES, write down what you have attached and please ensure all relevant medication is provided.

.....

Section 3: - Consent to take part in swimming or aquatic activities

I give my consent for my child named above to participate in swimming or aquatic activities
I understand that school staff will be present and provide supervision for safety.
I understand that the swimming or aquatic instructor will be in charge of the water activities.

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 not relief, call an ambulance. no return to the water after two lots of reliever medication within any given session.</p>
Seizures	<p>No swimming without health care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch, provided by school. Seizures are generally managed in the pool. Continuation in the swimming program that day will be assessed by supervising teacher in consultation with student's health care plan.</p>
Diabetes	<p>No swimming without health care plan from doctor/diabetes specialist. 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 properly 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 <i>Cryptosporidium</i>. 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 symptoms have stopped.</p>
Choking	<p>As per care plan</p>
Infection Control	<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 go swimming until the wound has closed.- Students with ringworm should not commence swimming 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 area and change rooms protects against transmission of some infections such as tinea.

Asthma care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicAlert Number (if relevant) _____ Date for next review _____

Description of the condition

Signs and symptoms:

- Difficulty breathing
- Wheeze
- Tightness of chest
- Cough

Frequency and severity:

- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Daily/most days
- Other (please specify) _____

Triggers (eg exercise, chalk dust, animals, food pollens, chemicals, weather, grasses, lawn mowing) _____

Curriculum considerations (eg physical activity, camps, excursions, kitchen, laboratory or workshop activities, interrupted attendance) _____

Additional information attached to this care plan

- Medication plan
- Individual first aid plan (if different to standard first aid—see model over page)
- General Information about this person's condition
- Other (please specify) _____

This plan has been developed for the following services/settings: *

- | | |
|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> School/education | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care | <input type="checkbox"/> Work |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) |

AUTHORISATION AND RELEASE

Authorised prescriber _____ Professional role _____

Address _____

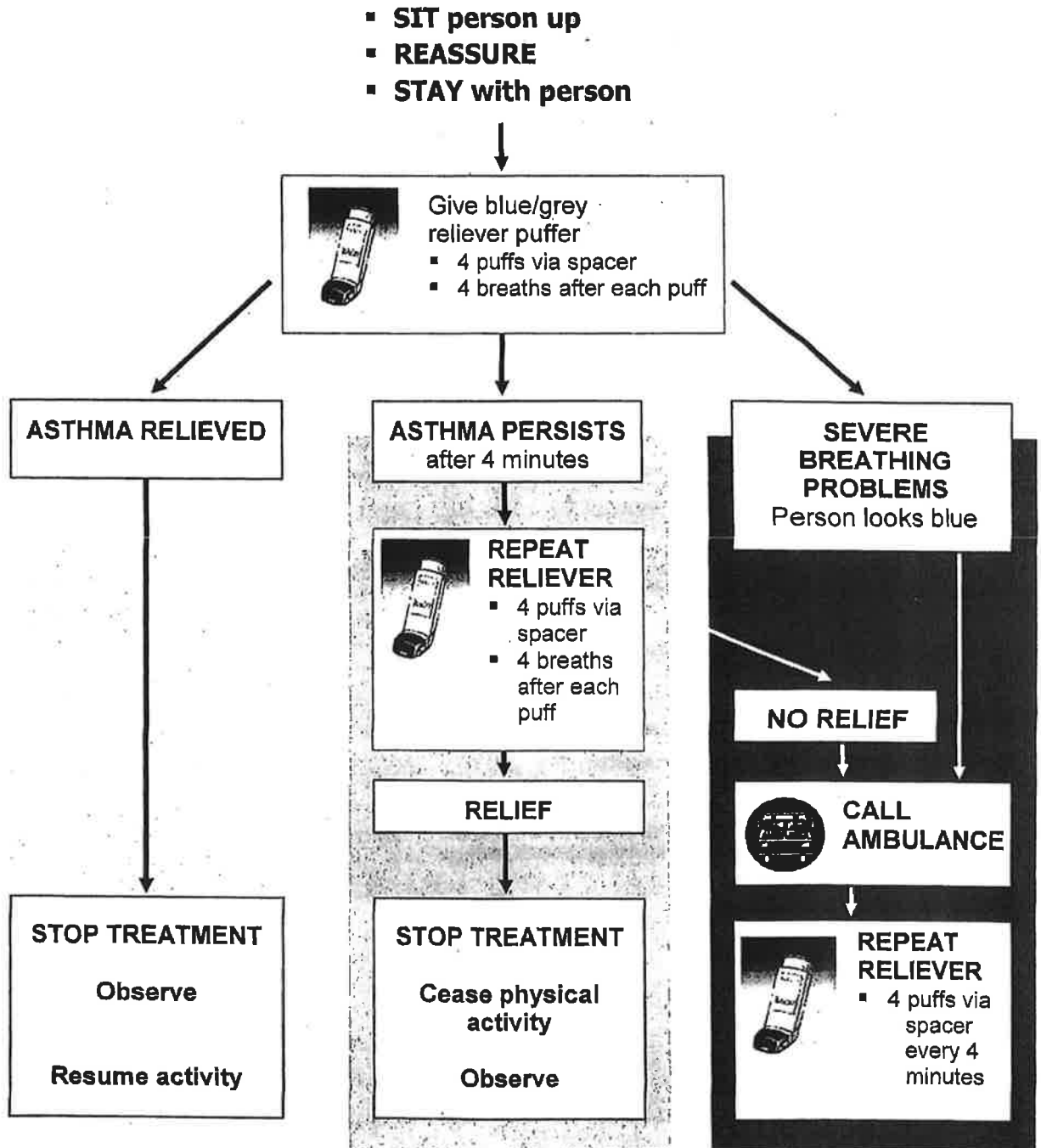
Telephone _____

Signature _____ Date _____

**I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to supervising staff and emergency medical personnel.**

Parent/guardian or adult student/client _____ Signature _____ Date _____
Family name (please print) First name (please print)

Asthma first aid plan



TO CALL AMBULANCE: Dial out, then 000 or mobile 112
Say what state you are calling from, the person's condition and location



INFORM EMERGENCY CONTACTS in accordance with DECS guidelines



School Bus Service 2018

COST FOR FULL TIME USE PER TERM PER CHILD: \$275.00

COST FOR ONE WAY PER TERM PER CHILD: \$187.00

REGISTRATION FOR STUDENTS TO USE THE BUS

Name of Parent/s: _____

Name of child/ren: _____ Year Level: _____

_____ Year Level: _____

_____ Year Level: _____

Address: _____

Ph: _____

Mobile: _____

Required use of bus:

Every morning.

Every afternoon.

Every morning and afternoon.

Every morning odd weeks.

Every afternoon odd weeks.

Every morning and afternoon odd weeks.

Every morning even weeks.

Every afternoon even weeks.

Every morning and afternoon even weeks.

Should you require the school bus permanently but only certain days of the week please list the days needed below and whether it is the morning or afternoon or both. **Please note that priority is given to full time bus users.**

Days required every week:

Days required odd weeks only:

Days required even weeks only:

Our condition of use of the bus is payment of bus fees per term.

Signed: _____ Date: _____



Music Scholarships 2018

The Zoe Thomas Foundation is looking to offer Music Scholarships again in 2018.

The Foundation would like to hear from students in Years 6 to 11 this year at Prescott College Southern who might be interested in applying for a Music Scholarship for next year.

Scholarships are only available for students whose families have a School Card or Health Care Card.

A scholarship means that free entry is provided into the Foundation's exciting and unique Music Program.

The Music Program brings together students with a real passion for music. Students are given private tuition to learn a range of instruments and sing, to explore their musical interests and to perform. Mentoring is also included to help each student achieve their best.

Instruments are provided free of charge for students to use during their time in the program. Once the scholarship is completed, mentors can assist families with information about how to get their own instruments should students like to continue their music outside of the program.

It is anticipated that the Music Program will begin around the middle of Term 1, 2018 and be held for an hour a week at the school throughout school terms.

The Foundation is hoping to have some more exciting news about the program by the New Year.

Any student who might be interested in applying for a scholarship should complete:

**"The Zoe Thomas Foundation
Music Scholarship 2018 Expression of Interest"**

**Completed forms should be returned to the main school office *as soon as possible*
but no later than Wednesday, 6th December 2018.**

Expression of Interest Forms can be obtained from the main school office.

**Students who submit an Expression of Interest will be provided with a
Scholarship Application Form as well as further information when they become available.**



Music Scholarship 2018 Expression of Interest

Scholarships are only available for students whose families have a School Card or Health Care Card.

Please complete and return to the main school office *as soon as possible*
but no later than Wednesday, 6th December, 2018).

Student Name:	
Year Level:	

I am interested in receiving an Application for a Music Scholarship 2018.

I understand that I will receive an application form when they become available.

Signed:

Student: _____ Date: ____/____/____

Parent/Caregiver: _____ Date: ____/____/____

Parent/Caregiver Details:

Name:	
Telephone:	
Email:	