



St Raphael's School Water Safety Education Program

Week 7, 22 November – 25 November 2021
Unley Swimming Centre Ethel Street, Forestville

Reception to Year 5 Students

GENERAL INFORMATION

- Students participate daily for 4 days (Monday – Thursday). It is expected that all students in Reception - Year 5 attend.
- It's fun – it's safe – so important that every child learns to feel safe in the water and progresses to be a safe swimmer.
- Supervision is paramount – teachers/ ESO's from our school attend and of course, qualified and competent swimming instructors conduct all lessons, with lifeguards on duty at the pool.
- Students will travel to and from lessons by hired bus.
- All costs are covered as part of the current fee structure.
- **There are 2 consent forms attached that must be completed and returned to your child's class teacher by Thursday 18 November. One consent form is for the pool instructors and the other is a school-based form.**
- Please note, if you declare a serious illness or allergy on the consent form, (eg allergy to bees or asthma), your child will not be permitted to swim if they do not have their correct medication with them and a copy of a health plan for their medical condition. Please ensure that health plans are current and in place with the Office staff. Teachers will take medications/health plans to the pool with them each day of the program.
- ***No child will be allowed to swim without a t-shirt/rashie to wear in the pool. Labelled school hats must be worn to and from the pool each day.***

DO'S AND DON'TS OF WHAT TO BRING

- Bathers and towel (ear plugs, ear wraps/swimming caps if necessary).
- Sunscreen and school hat.
- Goggles are highly recommended.
- Sunscreen should be applied at home in the mornings – re-application will be at school prior to departure for the pool.
- Rashie / Solar Suit to wear in the water (don't forget we are a Sun Smart school - safe sun practice to be adhered to at all times). No rashie – no swim!
- Underwear to change into after swimming.
- Thongs can be worn to and from the pool only. Sneakers to be worn to school.
- A named bag big enough to carry all items, including a plastic bag for wet clothing.
- No jewellery is advisable.
- No spending money.

PLEASE NAME EVERYTHING - It's amazing how many odd socks, undies, shoes, bathers, brushes, school uniform items and goggles get lost either at the pool, on the bus or at school!

***PTO**



Students are to wear their school sports uniform, including sneakers, to school for all days of the program

Students are strongly encouraged to wear their bathers under their sports uniform to school. If not, all swimming gear to be packed in named bag and opportunity to change at school before the lesson will be given.

All students will be expected to change themselves independently. I recommend that you spend time practising with your child at home, changing in and out of their swimwear (wet and dry). By simulating the process of getting out of their wet clothing, drying themselves off, putting on their dry clothes and packing their wet clothes into their bag, will set your child up for success in being independent and managing themselves at the pool.

There will be some disruption to the week's daily timetables. Recess and lunch times will be arranged to best suit the students' needs, while also accommodating our bus and Water Safety Program schedule. Please pack enough food/snacks, as students build up an appetite whilst participating. All students will have a 60 minute lesson.

This year, due to the swimming centre's current COVID management plan, **NO PARENTS/CARERS ARE PERMITTED TO COME TO THE POOL TO WATCH THEIR CHILD(REN) IN ACTION.**

WATER SAFETY PROGRAM TIMETABLE 2021

Class	Lesson Time
Reception R	11:30am – 12:30pm
Year 1B	11:30am – 12:30pm
Year 4E	11:30am – 12:30pm
Year 5M	11:30am – 12:30pm
Year 2B	12:30pm – 1:30pm
Year 3D/P	12:30pm – 1:30pm

***PLEASE NOTE:**

All students will travel back to school by hired bus when their swimming session is finished. Dismissal will be from school at the normal time of 3:10pm.

Jeanette Archer (PE Teacher / Sports Co-ordinator)

9 November 2021





Agreement

- I agree to delegate my authority to supervising excursion staff. Supervising teachers may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students/children as a group and individually.
- In the event of any serious misbehaviour on the part of my child, I understand that I will be contacted and will be responsible for any costs associated with my child's return.
- In the event of an accident or illness, and in an emergency situation where an ambulance is not available within a reasonable period of time, I consent to my child being transported to a hospital/medical/dental clinic or to an ambulance by an excursion staff member in a school/private car.
- In the event of an accident or illness involving my child and contact with me or the emergency contact being impossible or unsuccessful despite continued attempts, I authorize the teacher-in-charge to consent to whatever emergency/critical medical or surgical treatment a registered medical practitioner considers urgent and necessary. I will pay all medical and dental expenses incurred on behalf of my child. Continued attempts to inform the parent or emergency contact will be undertaken in such circumstances until contact is made.
- I have provided all information necessary for the school to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
- I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.
- The information given is accurate to the best of my knowledge.

Emergency Family Contacts: Parent/Guardian

Parent's/guardian's full name	(home)	(work)	(mobile)
-------------------------------	--------	--------	----------

Address	
---------	--

Alternative Emergency Contact

(name)	(home)	(work)	(mobile)
--------	--------	--------	----------

Address	
---------	--

Parent/Guardian Consent

As a parent/guardian to	(student's/child's first and second name)
-------------------------	---

I	(your name)
give my consent for him/her to participate in:	WATER SAFETY EDUCATION Program at Unley Pool and to travel to and from school by hired bus
at/on:	Unley Outdoor Pool, Ethel St, Unley From 22/11/21 to 25/11/21
Signature and Date	___ / 11 / 21

PTO



Emergency Medical Contact

As a parent/guardian to	(student's/child's first and second name)
-------------------------	---

If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide name, address and telephone number of any medical personnel currently treating your child who may have information that may help emergency services.

(name)	(address)	(telephone)
(other information)		

Special Circumstances

My child has a medical condition(s) requiring particular treatment in the event of accident, illness or emergency. (YES/NO)

Details of medical condition:

Is there a Medical Management Plan in place? (if Yes please attach Medical Management Plan) (YES/NO)

Does your child require any modifications to this Plan? (YES/NO)

If yes, please detail:

If no, are you aware of any other medical emergency that could arise?

Checklist and Risk Management

Please provide details of the emergency and how to recognize it?

Emergency Treatment (Please provide extra attachments if necessary)

In the event of an accident or illness, staff will call an ambulance if an emergency situation arises. Staff will make every attempt in the event of an accident or illness to contact you or the alternate emergency contact person. Ongoing attempts to contact the parent or alternative emergency contact person will be made until successful contact occurs. In the event that contact is impossible or delayed, are there any special instructions to be given to the ambulance staff? If so, please add these below:

MedicAlert number (if applicable) _____

Parent/Guardian Signature	____/____/____
---------------------------	----------------



Water Safety Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in Water Safety activities. This form will be shown to School Staff and Water Safety Instructors and Emergency Services Personnel responsible for this student's safety in Water Safety activities.

STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM

Section 1: Personal Details

Student Name _____ Date of Birth _____ Year Level _____
 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? Yes No

If **NO** - please go to Section 3 - consent to participate in Water Safety activities.

If **YES** - you must complete this section below:

If you tick any of the boxes below, the Water Safety Instructors require 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, or further information relating to a water environment / activity.

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

IMPORTANT:

Have you attached health care details from your child's doctor / treating health professional? Yes No

If **YES**, write down what you have attached and please ensure all relevant medication is provided.

If **NO** - Failure to provide a Health Care Plan will mean that in the event of a medical emergency your child will be treated with standard first aid management.

Attached:

If you tick any of the boxes below regarding your child's well-being in the water, the Water Safety instructors need a brief outline of the student's specific issue in regards to water.

Anxiety Fear of Water Other

Details:

Section 3: Consent to take part in Water Safety activities:

- * I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- * In the event of an accident or illness and contact with me being impractical or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- * I have also attached additional or updated health care information, including details of any additional health support my child requires to undertake the above activities safely.
- * The information given is accurate to the best of my knowledge.

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:</p> <p>Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still no relief, call an ambulance.</p> <p>No return to the water after two lots of reliever medication within any given session.</p>
Seizures	<p>Any student with a diagnosed history of seizures, must have an adult acting as one to one safety watch, provided by the school. Seizures are generally managed in the pool. Continuation in the Water Safety program that day will be assessed by a supervising teacher in consultation with the student's health care plan.</p>
Diabetes	<p>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 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</p> <p>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 the symptoms have stopped.</p>
Choking	<p>As per Care Plan.</p>
Infection	<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 enter the water until the wound has closed.- Students with ringworm should not commence water activities 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 and change rooms protects against transmission of some infections such as tinea and plantar warts.
## NB	<p>Failure to provide adequate information about your child's health condition will mean that in the event of a medical emergency your child will be treated with standard first aid management.</p>