

Excursion Information for Parents

2024 SWIMMING CARNIVAL

Dear Families,

The following details relate to an educational excursion to Dickson Aquatic Centre which is being organised for children in Kindergarten through to year 6. This excursion **does not** relate to Preschool.

Dates/time: Tuesday 5th March 2024

Purpose of excursion: School based swimming carnivals provide an opportunity for competent swimmers to compete for a place in the Regional Swimming Carnival and beyond. It is a day that unites the school within their Community Groups and enhances school pride.

Activities: Competent swimmers who turn 8yrs of age in 2024 and older are invited to participate in the competitive swimming events offered. Children who do not wish to compete will participate in a variety of activities such as water play, beach volleyball and ball sports.

Clothing and Equipment: Swimmers, a towel, swimming cap (mandated by facility), a change of clothing for after the events, a book or notepad and pens or a card game. ***Children are encouraged to wear their community group colours.***

Steer – Red

Mabo– Black

Alcott – Blue

Pitt – Green

Children are required to bring a full lunchbox and a refillable drink bottle.

Please label ALL belongings.

We advise against bringing valuable items as we cannot guarantee safety of valuable items at the pool.

Transport: Bus chartered by external company

Group Size: approx. 560 children

Trip Leader: Alexander Cleary

Assistant Leaders: John Nash, Lachlan Ferguson

Cost: \$16 This covers the cost of the bus to and from the pool and pool entry.

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

100 Sutherland Crescent, Taylor ACT 2913
Phone: (02) 6142 2800

We pay respect to the United Ngunnawal Elders Council and to the Elders both past and present of the Ngunnawal Nation for they hold the hopes and dreams for the future of the ACT and surrounding region.

Notes and money to Margaret Hendry School front office by: Monday 19th Feb 2024

Excursion Risk Assessment: Available at the front office

Contingency: In the event of poor weather, we will cancel the whole school swimming carnival and provide a refund to families. Children who were entered into events for the swimming carnival will be offered another date for a competitors only swimming carnival.

Behavioural expectations- Children will be held to account to abide by the expectations of the Margaret Hendry School All Areas Expectations.



Packing list-

- _ Swimmers and a rash vest
- _ Towel
- _ Spare dry clothing in case clothing gets wet
- _ Sunscreen (children will self-apply)
- _ Hat
- _ Entertainment – book, notepad and pens, card game. **NO** Electronic Devices
- _ Full lunchbox and a refillable drink bottle

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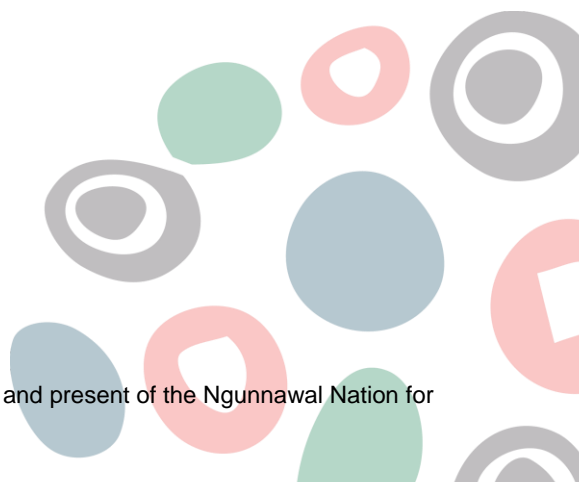
Family Helpers: Any family members who would like to assist on the day are most welcome. Please email margarethendry@ed.act.edu.au

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.

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.

Kind Regards,

Alexander Cleary



Excursion Permission Note for Parents

I give permission for my child _____ in year _____ to attend the Margaret Hendry School 2024 Swimming Carnival excursion to Dickson Aquatic Centre on 5 March 2024 travelling by bus and other details as outlined in the Excursion Information for Parents (including contingency plans).

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected 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.

The Medical Information and consent form needs to be completed once/year prior to the first excursion.

Please complete and return with this note.

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes ☐ No ☐

If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes ☐ No ☐

If yes, please provide these details

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No	
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.					

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____

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(If applicable please complete)
PAYMENT SLIP

I am paying the amount of \$ _____ Student Name: _____

- ☐ Credit Card – by telephone to the school office _____, via the payment tab on our school website or by completing your details below and returning to the school office

Card No:

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 Expiry Date: _____

Name on card (*Please print*): _____ Signature: _____

- ☐ Cash or EFT at the school office

- ☐ Parent Portal

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 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) on the About Us page.

MHS Swimming Carnival 2024
Competitive Swimmers 8 years and above
Permission for Aquatic Activities

Child's Name: _____ Age turning in 2024: _____

Learning Coach: _____

My child can swim:

☐ No

☐ Yes

Distance my child can confidently swim:

☐ 10m

☐ 25m

☐ 50m

☐ 100m

The following events are available for selection:

50m Freestyle	
100m Freestyle	
50m Breaststroke	
100m Breaststroke	
50m Butterfly	
100m Butterfly	
50m Backstroke	
100m Backstroke	

Please discuss with your child the events that are on offer and collaboratively decide on the events that your child will register in. Once agreed, please notate them in the space provided above and sign below to indicate that family and child collectively agree on the events selected.

I agree to my child taking part in swimming / aquatic activities associated with this excursion.

Family member signature: _____

Child signature: _____ Date: _____

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