

# St Joseph's School

29 Victoria Road, CLARE SA 5453 Ph (08) 8842 4400

Email: peters@stjoclar.catholic.edu.au

15 November 2024

**Dear Parents** 

#### **WATER SAFETY PROGRAM**

We are really excited to update you with details for the 2024 Water Safety Program which is linked to our Health & Physical Education curriculum. It is a learning program that focuses on keeping all participants safe around water and designed for delivery to school students.

We have confirmed our program with the lesson providers and are now able to share the timetable. Please note that our Yr 6 students have participated in their recent Aquatics Camp, which included water safety instruction time, so they do not participate in these lessons. Our Middle School students now have the opportunity to gain their Bronze Medallion, an exciting program that Mrs Heinjus has coordinated & introduced.

All costs have been negotiated with the Swimming Centre and have been included with your Term 4 fee account.

Week 7: 25/11/24 - 29/11/24 [Mon - Fri]

Yr 2 (Lawson/Weckert)	10am – 11am
Yr 1 (Lemon/Niedorfer)	11am – 11:45am
Yr 1 (Schmaal/Niedorfer)	11:45am – 12:30pm
Rec (Turley)	1:00pm – 1:45pm
Rec (Peacock)	1:45pm – 2:30pm

## Week 8: 2/12/24 - 5/12/24 [Mon - Thurs]

Yr 5 (Woodhouse)	9:15am – 10:15am
Yr 4 (Lang/Packer)	10:15am – 11:15am
Yr 4 (Schumacher)	11:15am – 12:15pm
Yr 3 (Nield/Murphy)	12:45pm - 1:45pm
Yr 2/3 (McKenzie)	1:45pm – 2:45pm

## Friday 6/12/2024: Swimming Carnival

All students in Yr 1 – Yr 9 participate.

Reception students undertake water play at school as experience has taught us that the crowded venue and structure of the carnival doesn't set Receptions up for success, whereas a fun "Water Play" day is extremely well received.

More information regarding the Swimming Carnival will come home closer to the event.

Please see over the page for a "packing list" for swimming lessons (and carnival): All of the items should be brought to school each day in a swimming bag. *Please ensure bathers and clothing items are clearly labelled with your child's name.* If there are any queries, please see your class teacher.

Attached are Water Safety Consent Forms – one form to be completed for each student in Rec – Yr 9 (EXCEPT Yr 6 as we already have those) to cover both lessons and carnival. Please return these forms by Friday 22/11/24.

Class teachers will be in contact with you soon if they require extra assistance, for example: walking to and from the pool.

#### **PACKING LIST**

For swimming lessons and swim carnival your child will require the following -

- Bathers
- Towel
- Suntop/ T-shirt
- Trackpants
- Jumper
- Thongs/sandals
- **Medication & Action Plan Pls attach copy to Consent Form**. [If you stated on Medical Information form that your child suffers from a condition (eg: asthma), for safety reasons the instructors will not let your child in the water without appropriate medication and an action plan.]

All the above should be brought to school each day in a swimming bag. Please ensure bathers and clothing items are <u>clearly labelled</u> with your child's name. If there are any queries, please see your class teacher.

Kind regards

Peter Chearer

Peter Shearer

Principal



# Water Safety Consent Form CONFIDENTIAL



To be completed by the Parent/Carer 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 including as part of a camp or excursion.

	STUDENTS WILL NOT BE PE	RMITTED TO PARTICIPATE WITHOUT	A COMPLETED AND SIGNED CONSENT FORM	
Se	ction 1: Personal Details			
Stu	udent Name	and fine and the authorization and an extension and an extension	Date of Birth / /	
Na	me of School	Sin juliu on eved from emprise to educ	Medic Alert No.(if relevant)	
Se	ction 2: Health Support Info	ormation	Yes No	
	es your child have any health sunsidered for this activity?	pport or medication administration needs	that should be Yes No	
Do	es your child have a health care	need that could affect their safety in the w		
	IO - please go to Section 3 - Wat YES - you must complete this		Pi onestaria musta artusariak	
A writ	ten Health Care Plan/Medication Agr	eement from your child's doctor/treating health	professional is required. This may be a copy of the inform	ation
which	you have previously provided to the	school or further information related specificall	y to the aquatic environment/activity.	
	Asthma	Seizures, Epilepsy	Incontinence	
	Allergy (e.g. bee sting)	Diabetes	Medication taken at school	
	Joint condition	Heart Condition	Swallowing / choking	
	Vision impairment	Hearing impairment	Communication difficulties	
	Ear condition	Skin condition	Concussion (within 21 days)	
	Other (provide details)	Intout as it imprimegate earth all learning as it	va bes as a genunggarages mabboqes	
If Y	ES, please attach and ensure all rele	Plan/Medication agreement will mean that in t	hilds doctor/treating health professional?  Yes  he event of a medical emergency your child will be	
Se	ction 3: Water Safety and S	wimming Skills.	Lean place and old means	19
		describes your child's water safety skills	and swimming ability.	
			fident or comfortable in the shallow water.	
		able to swim 25 metres but is not strong o		
	Strong - my child is ab	ble to swim 50 to 100 metres and is strong	g and confident including in deep water.	
NO	TE: This will be used to assist	in planning the activity and not affect	their participation.	
Se	ction 4: Consent to take par	rt in Water Safety activities:		
*	Supervising staff/instructors wil	I use the site's behaviour management pr	ocesses needed to ensure the safety and wellbeing	of
	all students.	el se sinu simuon apresio no aloost alini op i	on algebra gand dina almabulis	
*	If there is an accident or illness inform me as soon as possible.		d call an ambulance if required. The school/preschool	ol wil
			nt to pay for ambulance costs if my child does not h	ave
	private ambulance cover.	mante of notice of	NOODERS OF THE TO CONTRACT SECURITY	
*			nild, including any extra support they need.	
*		accurate. The information provided will be and will be used in accordance with the Ir	e used solely for the purpose of ensuring my child's formation Privacy Principles Instruction.	
Pa	arent/carer consent			
	I have read and agree with a	all the information and give my consen	t for my child to attend this activity	
	Name of activity:	Student/child		
	Parent/Carer Name:			
	Signature:		Date:	
		of an emergency for the duration of the		
		of an emergency for the duration of the		
	Name:	Relationship to the	e chiia/student:	
	Phone number/s:			

# Standard Health Care Support for the most common health conditions:

**Asthma** 

Any child currently prescribed asthma medication must bring their medication.

The Asthma Care Plan is required to be attached to this consent form.

Standard First Aid:

Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four

minutes. If still no relief, call an ambulance.

No return to the water after two lots of reliever medication within any given session.

Seizures

Any student with a diagnosed history of seizures must have an adult acting as one to one

safety watch provided by the school.

Continuation in the Water Safety program that day will be assessed by a supervising

teacher in consultation with the student's health care plan.

**Diabetes** 

First aid as per individual Diabetes Care Plan.

Allergy

As per the Allergy Specialist Care Plan.

Drainage tubes in ears.

Ear wrap or fitted plugs to be worn throughout water activities, unless written

medical advice is provided saying this is not necessary.

Incontinence

As per the Health Care Plan. Any accidents that result in contaminated water must be managed

as per health regulations.

Cryptosporidium Infection Cryptosporidiosis is caused by the parasite Cryptosporidium. 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 diarhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools until 14 days after the

symptoms have stopped.

Choking

As per the Health Care Plan.

Infection

- \* All open wounds must be covered, for the child's own protections, 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 may protect against transmission of some infections such as tinea.

#### Concussion

If medical treatment is required or a suspected concussion diagnosed, prior to the next participation in physical activity or sport, a medical clearance from a health care practitioner with reference to the relevant injury or condition must be provided with the Water Safety consent form to allow that student to participate. If a concussion is diagnosed, return to schoolwork should take priority over return to physical activity and sport. As recommended in the Australian Concussion Guidelines for Youth and Community Sport (concussionsport.gov.au) a minimum period of 21 days before resumption of physical activity and sport is recommended.