



# Kids 'R' Water Smart

## 2017 Swimming Program

Monday 27<sup>th</sup> November 2017 – Wednesday 29<sup>th</sup> November 2017 9am – 12pm

Woree Sports and Aquatic Centre  
1 Pool Close, Woree ([map](#) attached)

Please return completed forms to administration at [field@cairnssde.eq.edu.au](mailto:field@cairnssde.eq.edu.au) by 6<sup>th</sup> November 2017.

Students attending the Kids 'R' Water Smart program should be participating in the activities set up by the Woree Swimming pool staff. Students need to be accompanied by their parent or guardian at all times or suitable arrangements made for their supervision.

\* Swimming Ability - this information is to assist with placement of students into swimming groups (more than one may apply).

A - Bubs 6 months - 3 years (must be accompanied by parent/guardian in the water)

B – Mini Stingers Pre-Prep, 3 - 5 years old

C - School aged students. Please identify level (example, C1 is a school aged student with basic skills):

1. Basic skills
2. 25 metres
3. 50 metres
4. 100+ metres (this group will be doing stroke correction as well as water safety)

Child/ren's Names	Age	Year Level	Swimming Ability*

This year's swimming program and hire of the pool is being funded by RREAP (Rural and Remote Education Access Program)

All students are welcome to participate in the 2017 Swimming Program. On the next page please detail any medical issues.





## Student Medical Information

<b>Student name:</b>	<b>Date of birth:</b>
<b>In case of emergency</b> Contact name:	Contact phone number:
<b>If parent unavailable</b> Emergency contact name:	Contact phone number:

### Health Conditions and other injuries

Please indicate YES or NO if your child has one or more of the following conditions that may affect their health, safety and ability to fully participate in the excursion. If YES, please write details of the condition to assist excursion coordinators in supporting them.

If you have a health / behavioural condition requiring a management plan, please indicate below and attach a copy to this form. Health Management Plans must be completed by a General Practitioner (GP), while Behavioural Management Plans are to be completed by a Health Professional / Inclusion Support Teacher.

Medical Condition	YES/NO	Management Plan required	Details
Acquired brain injury			
Allergies / Sensitivities			
Anaphylaxis (Severe Allergy)			
Asthma / Other Respiratory Problems			
Attention-deficit / Hyperactivity disorder (ADHD)			
Autistic Spectrum Disorder			
Bed Wetting			
Bladder and bowel disorders			
Blood disorders			
Cancer / oncology			
Coeliac disease			
Cystic Fibrosis			
Diabetes			

<b>Student name:</b>	<b>Date of birth:</b>
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<b>Medical Condition</b>	<b>YES/NO</b>	<b>Management Plan required</b>	<b>Details</b>
Ear / hearing disorders			
Epilepsy / Seizures			
Eye/vision disorders			
Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid			
Heart Condition/Heart Murmurs			
Learning needs support			
Disability			
Medication Allergies (e.g. penicillin)			
Mental Health			
Muscle/bone / musculoskeletal disorders			
Recent operation/injury			
Spasticity (Baclofen Pump)			
Skin Disorders			
Sleepwalking			
Swallowing / dysphagia			
Transfer & positioning difficulties			
Travel / motion sickness			
Special Dietary Requirements			
Swimming ability			<p>Beginner with some basic skills and swimming experience</p> <p>Basic swimming skills and can swim 25 metres</p> <p>Basic swimming skills and can swim 50 metres</p> <p>Advanced swimmer</p>
Other please specify:			

<b>Student name:</b>	<b>Date of birth:</b>
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**Infections and Immunisations**

If answering YES, please write details to assist excursion coordinators in supporting your child.

Have you:

Had an infectious disease recently?	If yes, please give details
Up to date Immunisation status?	Please list vaccinations
Received a Tetanus Booster?	Year of last booster injection
Other relevant information:	

Have you recently had:

Head Lice?	
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Do you give authorisation for Qualified Practitioners, if required, to administer?

Anaesthetic	
Blood transfusion	

**Medication**

Is your child presently taking tablets and/or other forms of prescribed medication?

Arrangements with the teacher-in-charge are to be made for the safekeeping and handling of prescribed medications and equipment prior to the excursion.

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for them.

**Excursion/Field Consent**

I \_\_\_\_\_, give consent for teachers/staff involved in the excursion to provide basic first aid if required and/or contact an ambulance who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my emergency contact in the event of any emergency.

I acknowledge that the Department of Education and Training does not have Personal Accident Insurance cover. I agree to pay all expenses incurred on my behalf.

<b>Student name:</b>	<b>Date of birth:</b>
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Authorisation to contact student's Medical Practitioner	
Medical Practitioner	
Medical Practitioner contact number	
Medicare Card Number	Position
Cardholder Name	
Additional Health Insurance	
Insurance Company	
Membership Number	


Print Parent/Guardian name:	
Parent/Guardian signature:	Date:

Staff will provide immediate first aid and contact an ambulance as required, following the First Aid Policy.

Please contact [enrolments@cairnssde.eq.edu.au](mailto:enrolments@cairnssde.eq.edu.au) should your details change.

**Privacy Statement:** The Department of Education and Training (DET) is collecting personal information about students in accordance with the Information Privacy Act 2009 and section 426 of the Education (General provisions) Act 2006, to enable camp organisers to provide appropriate health care for your child if required. This information will only be accessed by authorised departmental employees. Some of this information may be given to external health providers for the purpose of providing medical treatment if required. The information will not be disclosed to any other person or body unless you have given DET consent or DET is required or authorised by law.

☰ woree pool 🔍 ✕




**Woree Sports and Aquatic Centre**  
 4.6 ★★★★★ · 15 reviews  
 Swimming Pool

📍 Directions

★ SAVE 📍 NEARBY 📄 SEND TO YOUR PHONE 🔄 SHARE

📍 1 Pool Ct, Woree QLD 4868  
 🌐 woreepool.com.au  
 📞 (07) 4054 6964  
 🕒 Open now: 5:30am–7pm  
 ✎ Suggest an edit

Popular times **Wednesdays**



📷 **WOREE Sports & Aquatic CENTRE**  
 39 Photos

