



Monday 24 February 2020

Dear Parents and Caregivers

On Thursday 19 March, St Joseph's Memorial School will celebrate St Joseph's Feast Day with Mass at 9.15 am in the Piazza followed by a celebration at Norwood Pool. All Bridge Street students are to be dropped off at William Street from 8:30am. Please note that OHSC will be available for children who require this service at our William Street campus from 7am.

Following Mass, students will have recess with their buddies and then walk across the street to the Norwood Pool to participate in some water activities and have fun. If you would like to join us for Mass you are most welcome to do so. Parents and caregivers who are able to volunteer to help supervise or assist with the sausage sizzle and have a Catholic Police clearance are encouraged to join us at the pool. An outline of the day is provided for you below:

- 8:30 Children to be dropped off at William Street campus
- 9:15 Mass in SJMS Piazza
- 10:15 Recess with Buddy Class
- 10:45 Buddy Class activities / games
- 11:15 Preschool – Year 6 students walk across to Norwood Pool.
- 12:15 Sausage sizzle lunch (Following Lunch, Preschool students will return to Bridge Street)
- 2:00 R-1 and 2-7 students return to their respective campus

Children will need to bring their own recess for the day. A sausage sizzle will be provided for lunch and there will be a vegetarian option supplied. If not partaking in the sausage sizzle children will need to bring their own lunch.

### **CANTEEN FACILITIES WILL NOT BE AVAILABLE ON THE DAY TO ANY OF OUR STUDENTS**

Students will not require a school bag on the day instead a swimming bag containing:

- recess, snack food and drink bottle
- a hat
- sunscreen
- bathers
- towel
- rash vest
- clean underwear

This will mean they will only have one bag with them. Children who do not have a sun smart rash vest will not be permitted to participate. It is essential that all children are protected and sun safe.

Please return the attached permission form and the Swimming / Aquatics Medical Form NO LATER than Friday 13 March 2020. The completed permission slip and the Swimming / Aquatics Medical Form are essential for all children to participate.

Each year our St Joseph's Day Celebrations are a wonderful whole school community event and we are looking forward to celebrating the day.

Thank you

Grace Vassallo-Wakefield  
Assistant Principal (RIM)

**ST JOSEPH'S DAY CELEBRATIONS 2020**  
**Please return to your child's Class Teacher by Friday 13 March**

To assist with the overall safety and supervision of our students, could you please indicate your child's swimming abilities by ticking one of the following.

My child is most competent in:

- Toddlers pool (20cm – 70cm deep)       Main pool (up to 1.25m)       Main pool (deep end)

I give my consent for my child/ren \_\_\_\_\_ to take part in swimming and/or aquatic activities and I have attached the Swimming / Aquatics Medical Form to this slip for the St Joseph's day celebrations.

I understand that school staff and parents /caregivers with a Catholic Police clearance will be present and provide supervision for safety.

- My child would prefer a vegetarian option for lunch.

I have a current Catholic Police check and would like to volunteer for:

- Supervising children in the pool       Helping to cook the barbecue       Both

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Parent / Caregiver name

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Parent/Caregiver signature

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Date

# 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.

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### 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:<br/>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<br/>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 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"><li>- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage</li><li>- Students with significant unhealed wound(s) will be advised not to go swimming until the wound has closed.</li><li>- Students with ringworm should not commence swimming until at least 24hours after commencement of appropriate treatment (usually a topical anti-fungal cream)</li><li>- Students with tinea should not go into pools or change rooms until at least 24 hour after commencing appropriate treatment</li><li>- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.</li></ul> |