INFORMATION SHEET

TEACHER IN/CHARGE OF AQUATICS

Thank you for enrolling your students at West Lakes Aquatic Centre. Every effort will be taken to ensure that your students have a safe and enjoyable learning experience while they are with us. Please make yourself familiar with the information below to facilitate the success of the program. Please visit our website on www.wlakesaqua.sa.edu.au for further information regarding our centre.

West Lakes Aquatic Centre consists of the following three sections. Each of these sections operates throughout the school year, individually catering for different requirements and skill levels.

GENERAL AQUATICS offers the following activities:-
Sailing, kayaking, canoeing, windsurfing, snorkeling and double skis which are conducted on the Lake and beach awareness which is run, a short walk away, at Tennyson Beach. Unless specifically negotiated, it is assumed that students enrolled in General Aquatics will be prepared to be involved in the variety of activities offered, depending on weather conditions. On completion of your aquatic program you will be supplied with a development record for each student.

AQUATICS LEVEL 2 is an extension program from general aquatics. While a similar variety of activities are offered it is expected students would seek to enhance their existing skill level by participating in fewer activities but for longer session times. On completion of this program students will receive a record of their development in each activity.

S.A.C.E. AQUATICS offers stages 1 & 2 programs in kayaking, canoeing, sailing, windsurfing and snorkeling to Year 10, 11 and 12 students. Students enrolled in these programs participate in a learning experience based around a single activity. A performance checklist will be supplied for each student on completion of the program plus if students wish and meet the requirements, a certificate of accreditation may be purchased from us on behalf of the Governing Sport Body for each activity (eg: Yachting Australia and Australian Canoeing).

WEST LAKES AQUATIC CENTRE POLICY

- All students participating in Aquatic programs must wear a hat, sunscreen and shirt plus it is also highly recommend that old shoes be worn while participating in most activities.

- Students MUST bring a completed SWIMMING/AQUATICS CONSENT FORM (copy included) along with any medication prescribed and stated on this form. (eg: asthma inhalers, bee-sting tablets, diabetes etc.) This medication must be carried by the student at all times, so please ensure it is adequately waterproofed. If you have a student who may require a 1:1 student/instructor ratio (eg. epilepsy or other disability) please contact me at least 2 weeks prior to attending the centre, this will allow us to negotiate additional staffing needs.

- This Centre has been advised that medical assistance will be called at the discretion of the Aquatic staff if any medical condition becomes critical. Any confusion regarding the management of any student’s medical condition must be resolved by the school and parents prior to attending the aquatic centre.

- Please ensure that nothing is left in the change rooms during the lesson and that student’s personal belongings are kept safe. Ensure all valuables are given to the teacher.

- A teacher from your school must maintain a supervisory roll at all times, sharing duty of care with Aquatic Centre instructors.

- Please ensure students are well supervised while in the change rooms, at the beginning and end of each session. Change rooms will only be available to schools that provide adequate supervision of students while in these change rooms.

Failure to comply with the above policies, could result with student non-participation in activities, so please ensure all policies are adhered to before the class leaves for the aquatic centre.

PTO
FEES
An equipment maintenance and replacement fee of **$1.50** per hour, per student, plus GST (which can be claimed back on your school BAS return) will be invoiced to your school, by this centre, on completion of your program. In addition to the above fee, non-government schools are also charged for Instructor hours, which will be invoiced to you by the Sport Swimming and Aquatic Unit (DECS). Please ask for more information regarding the current charge rate.

CANCELLATION CONDITIONS FOR SCHOOLS
If your school has any policies in place that may cause the cancellation of your program (eg. Hot weather policy) please make our Centre aware as soon as possible.

As staff rosters are set 1 week prior to the commencement of your program, based on confirmed student numbers, all cancellations must be reported immediately to the Manager Sport, Swimming & Aquatics and any rescheduling of cancelled hours must also be approved by this Manager. Only in extenuating circumstances will rescheduling be allowed.

I am sure that with these guidelines, your school will find their visit to the West Lakes Aquatic Centre both enjoyable and educational. If you have any comments regarding the success of your visits, please do not hesitate to contact me.

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www.wlakesaqua.sa.edu.au
westlakes.aquatics21@schools.sa.edu.au
Swimming/Aquatic Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in swimming and aquatics 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 aquatics 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.

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Seizures, Epilepsy</td>
</tr>
<tr>
<td>Severe allergy (e.g. bee sting)</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Joint disorder</td>
</tr>
<tr>
<td>Heart Disorder</td>
</tr>
<tr>
<td>Vision impairment</td>
</tr>
<tr>
<td>Hearing impairment</td>
</tr>
<tr>
<td>Ear disorder</td>
</tr>
<tr>
<td>Skin condition</td>
</tr>
<tr>
<td>Incontinence</td>
</tr>
<tr>
<td>Swallowing/choking</td>
</tr>
<tr>
<td>Medication usually taken at school</td>
</tr>
<tr>
<td>Communication difficulties</td>
</tr>
<tr>
<td>Other (please provide details)</td>
</tr>
</tbody>
</table>

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.

Section 3: Consent to take part in swimming or aquatics 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:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asthma</strong></td>
<td>Any child currently prescribed asthma medication must bring their medication. Asthma care plan should 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 not relief, call an ambulance. No return to the water after two lots of reliever medication within any given session.</td>
</tr>
<tr>
<td><strong>Seizures</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>No swimming without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</td>
</tr>
<tr>
<td><strong>Severe Allergy</strong></td>
<td>As per allergy specialist care plan</td>
</tr>
<tr>
<td><strong>Drainage Tubes in Ears</strong></td>
<td>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</td>
</tr>
<tr>
<td><strong>Incontinence</strong></td>
<td>As per 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 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.</td>
</tr>
<tr>
<td><strong>Choking</strong></td>
<td>As per care plan</td>
</tr>
</tbody>
</table>
| **Infection Control** | - All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage  
- Students will significant unhealed wound(s) will be advised not to go swimming until the wound has closed.  
- Students with ringworm should not commence swimming 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 hour after commencing appropriate treatment  
- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea. |
AQUATICS CHECKLIST

☐ A Hat
All students MUST wear a hat.
Wide brim is highly recommended

☐ Sunscreen
Don’t forget your sunscreen, even when it’s cloudy. SLIP SLOP SLAP

☐ A Shirt
T-shirts or rashies MUST cover the shoulders. Long sleeves are best. A jumper is essential for cooler weather

☐ Bathers
Board shorts, shorts or bathers plus a towel and change of clothes.

☐ Shoes
Footwear will protect your feet. Preferably closed toe shoes (eg. old sneakers, crocs)
Your shoes will get wet.

☐ Medication
All students who need medication must waterproof it and bring it to aquatics. Asthmatics MUST have a puffer if the asthma box is ticked and if seizures, epilepsy is ticked a 1:1 student/instructor ratio must be organised by the school, with the Aquatic Centre prior to attending.

☐ Food & Drink
Remember to bring snacks and your lunch. A full drink bottle is also a must.