

# DENMARK SENIOR HIGH SCHOOL

CONFIDENTIAL - Medical report for Educational Excursions

This confidential report is intended to assist the school and supervising teachers in case of any emergency with your child.

Student's Name:..... Date of Birth:.....

Parent's/Guardian's full name:.....

Address:.....

Postcode:.....

Emergency telephone After hours.....  
Business hours..... Mobile .....

Name of family doctor..... Telephone.....

Medicare number.....  
Medical/hospital insurance..... Contribution no.....

Ambulance Cover Yes/No

Please tick if your child suffers from any of the following:

Heart condition	Sleep walking	Travel sickness	Diabetes Type 1
Fits of any type	Black outs	Dizzy spells	Epilepsy
Migraine	Asthma	Bed wetting	

Other (please provide adequate information)

Allergies to:

Penicillin  
Other drugs (please provide adequate information).....

Any foods.....  
Other allergies.....

What special care is recommended?

Tetanus immunisation

Last immunisation was on..... If over 10 years since last immunisation, please tick if booster is to be arranged by parent/guardian before excursion (Booster date.....)

Tablets and medicines

Is your child presently taking tablets and/or medicine? Yes/No  
Does your child self-administer the medication? Yes/No

If YES, please state name of medicine and dosage.....

Arrangements for safekeeping and handling of medicines are to be made prior to the excursion.

Consent to medical attention

I agree to inform the organizers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. (Including the administering of Panadol) I am aware that the Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed.....Date.....  
Parent/Guardian

Other: It is assumed that the person named as the 'other' emergency contact will act in lieu of the parents/guardians).

Name:..... Home Phone:..... Work.....  
Address:.....  
Signed:.....

# DENMARK SENIOR HIGH SCHOOL

CONFIDENTIAL - Medical report for Water-Based Excursions  
The Swimming and Water Safety Continuum  
Education Department of Western Australia

<b>STAGE 1 -- BEGINNER</b> 1. Enter water safely Shallow. Safe exit. 2. Exhale in water Face in 3. Open eyes under water Identify an object 4. Submerge Waist deep 5. Glide forward and recover Waist deep (minimum) 6. Float or glide backward and recover Waist deep, flotation aid acceptable S1 Safety/Survival Sequence No. 1* *for an explanation of each sequence, see "Safety/Survival Sequences".	<b>STAGE 4 -- WATER AWARENESS</b> 16. Swim 15 m freestyle Regular breathing 17. Swim 10 m backstroke Catch-up acceptable 18. Swim 10 m survival backstroke Below water arm recovery 19. Swim 5 m breaststroke kick Extension 20. Scull head first on back Without leg action 21. Recover an object Chest deep 22. Swim in deep water (Only ___ m available) S4 Safety/Survival Sequence No. 4	<b>STAGE 7 -- INTERMEDIATE</b> 32. Scull feet first on back Sculling hand action 33. Demonstrate eggbeater kick Water polo kick 34. Swim 150 metres Proficient technique - 25 m backstroke - 50 m Breaststroke - 50 m freestyle - 25 m survival Backstroke S7 Safety/Survival Sequence No. 7
<b>STAGE 2 -- WATER DISCOVERY</b> 7. Glide forward and kick 3 m Horizontal body position. Face in 8. Glide backward, kick and recover No set distance 9. Swim 5 m freestyle Face submerged 10. Scull/read water Basic hand and leg action, chest deep S2 Safety/Survival Sequence No. 2	<b>STAGE 5 -- WATER SENSE</b> 23. Swim 25 m freestyle Proficient technique 24. Swim 15 m backstroke Proficient technique 25. Swim 15 m survival backstroke Symmetrical leg action 26. Swim 15 m breaststroke Symmetrical leg action 27. Demonstrate a surface dive Chest deep. Recover an object S5 Safety/Survival Sequence No. 5	<b>STAGE 8 -- WATER WISE</b> 35. Swim 25 m sidestroke Scissor kick required 36. Demonstrate dolphin kick Extension 37. Swim 200 metres Proficient technique - 50 m Backstroke - 50 m Breaststroke - 50 m freestyle - 25 m Survival Backstroke - 25 m Sidestroke S8 Safety/Survival Sequence No. 8
<b>STAGE 3 -- PRELIMINARY</b> 11. Swim 10 m freestyle Breathing 12. Glide backward and kick 5 m Waist deep (minimum) 13. Swim 5 m breaststroke leg action On back with board 14. Demonstrate survival sculling On back 15. Demonstrate a forward roll Extension S3 Safety/Survival Sequence No. 3	<b>STAGE 6 -- JUNIOR</b> 28. Swim 50 m freestyle Proficient technique 29. Swim 25 m backstroke Proficient technique 30. Swim 25 m breaststroke Proficient technique 31. Demonstrate a dive entry Deep water required S6 Safety/Survival Sequence No. 6	<b>STAGE 9 -- SENIOR</b> 38. Swim 10 m butterfly Extension 39. Demonstrate a tumble turn Extension 40. Swim 300 metres Proficient technique - 50 m Freestyle (or 25 m Butterfly and 25 m Freestyle) - 50 m Backstroke - 50 m Breaststroke - 50 m Freestyle - 50 m Sidestroke - 50 m Survival Backstroke 41. Basic principles of EAR S9 Non-contact Rescues

Stage 10. Junior Swim and Survive  
Stage 11. Swim and Survive  
Stage 12. Senior Swim and Survive

My child has achieved Stage number: .....  
Date achieved: ..... At which type of venue? (pool/ocean) .....

I am unsure. Please assess my child .....

Other Comments: .....

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes  No  If "yes", give details: .....

Signed: .....