Thursday 23rd April, 2015

PERMISSION NOTE AND PAYMENT SLIP
FOR THE
SCHOOL SWIMMING and WATER SAFETY PROGRAM

Dear Parents/Caregivers,

Arrangements have been made for the learn-to-swim program to begin in Term 2. In Term 1, we had a fantastic response to our Expression of Interest letters with over 180 students replying that they wished to be involved in this program.

The Department of Education and Communities School Swimming and Water Safety Program is an intensive learn-to-swim program, which develops water confidence and provides students with basic skills in water safety and survival. The program is conducted over ten days. Each daily lesson is 45 minutes.

Students who have not reached a satisfactory standard of water safety and survival skills, and are unable to swim 25m confidently unaided in deep water, are eligible to participate in the School Swimming and Water Safety Program. The Program focuses on weak swimmers in Year 2 to 6 as well as students with special needs such as new arrivals in Australia and students with disabilities.

WHERE: Instruction will take place at Bradbury Pool.

WHEN: The Program will continue daily for two weeks from Monday 18th May to Friday 29th May.

* NOTE for Primary children: The school calendar indicates there is a Winter Gala Day 1 on Friday May 22nd which is the first Friday in the School Swimming and Water Safety Program. The Swim School Program still runs on this day. If your child is in a Winter Gala Day team, then they will need to let their coach know by Friday May 15th whether they choose to go to swim school or to gala day. Please discuss this choice with your child so that they can let their coach know before May 15th.

COST: The total cost for the 10 day scheme will be $47. The tuition is free. The cost for your child includes transport to and from the school by buses each day and the pool entry for each day of the program.
WHAT TO BRING: We suggest that it is easier for your child if they come to school ready with their swimming costume underneath their uniform. Comfortable swimwear is preferable rather than two piece costumes. Your child is to wear their normal school uniform, including their school shoes, and are not to wear thongs. They will need to bring along a plastic bag, with their name and class on it and in the bag bring their towel and underwear. Goggles and rash vests are optional. Your child will still need to bring their school bag, as normal class lessons resume when they return to school. Most lessons are indoors, however if your child is assessed at a higher ability level, they may be required to wear sun protection as lessons may be conducted outdoors.

Students will be assessed during the School Swimming and Water Safety Program for all water safety skills without wearing goggles.

If your child is eligible for the Program, please complete and sign the form attached and return in to the front office at school by Friday 8th May. Please no late replies.

Mr. Richard Batty
Principal
Reply instructions: Complete this page of information and send to school along with your payment of $47 by: Friday 8\textsuperscript{th} May

**SCHOOL SWIMMING AND WATER SAFETY PROGRAM CONSENT FORM**

I hereby consent to the attendance of my son/daughter ______________________________ of class _______________ at the School Swimming and Water Safety Program classes to be held at Bradbury Pool from Monday 18\textsuperscript{th} May to Friday 29\textsuperscript{th} May.

Travel will be by bus. Total cost for the 10-day program is $47.

In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical assistance that my child may require. Special needs of my child of which you should be aware (eg. Allergies, sensory impairment, etc):

________________________________________________________

Signed: ________________________________ Date: ___________________________

Privacy Notice: The personal information on this permission note, will be used by the Department of Education and Communities for general administration and communication and other matters of welfare relating to your child at this event. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information is stored securely. Please be aware that the media exposure at this event may result in your child’s name, school details and/or photograph appearing in a Newspaper, on Television or on the School Sports Unit Website.

<table>
<thead>
<tr>
<th>Structured aquatic activities - advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The excursion will involve structured aquatic activities: involving swimming skills and water safety guidelines</td>
</tr>
<tr>
<td>These activities will take place at: Bradbury pool</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Structured aquatic activities - response</th>
</tr>
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<tbody>
<tr>
<td>In relation to the proposed structured aquatic activities (please circle response):</td>
</tr>
<tr>
<td>My child is permitted to go in the water</td>
</tr>
<tr>
<td>My child is not permitted to go in the water</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Signed parent / care giver</td>
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</tbody>
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My child is permitted to go in the water (please circle response):

A non swimmer: My child is unable to swim

A weak swimmer: My child is comfortable and confident in shallow water but cannot swim very well

An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water

Signed parent / care giver

Ballantrae Drive, St Andrews NSW
Medical information form

The information provided by parent/care giver is being obtained for the purpose of a medical emergency at the St Andrews Swimming Carnival, at The Gordon Fetterplace Aquatic Centre, Bradbury, on Monday 18th May – Friday 29th May

Other persons and/or agencies that will be provided with this information are ambulance officers for the purpose of medical attention. Provision of this information is required by law / voluntary. It will be stored securely.

You may correct any personal information provided at any time by contacting the class teacher.

**Student name:** ...........................................  **Class:** ........................................

**Parent or caregiver contact details**

**Name:** ..............................................................

**Address:** ..............................................................

**Home phone:** ...............  **Work:** ...............  **Mobile:** ...............  

**Doctor contact details**

**Name:** ..............................................................

**Address:** ..............................................................

**Doctor’s telephone:** ................................................

1. ........................................  2. ........................................

**Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)**

1. **Name:** ...........................................  **Phone:** ...............  

2. **Name:** ...........................................  **Phone:** ...............  

**List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.**

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**Medical conditions or illnesses continued**

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**Outline special dietary needs including possible reaction to inappropriate diet**

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**Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions**

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**Signature:** ...........................................  **Date:** ...........................................

**Please return this form by:**  **Friday 8th May, 2015**

Ballantrae Drive, St Andrews NSW