

In-term Swimming Lessons 2017

Dear Parent/ Caregiver,

In-term swimming is a component of our Health and Physical Education program. We strongly encourage all children to participate. Swimming is great fun and an integral part of life in Western Australia, so it is important our children can enjoy their aquatic recreational activities with confidence, whether it be in pools, in the river or at the beach.

Our Pre-Primary to Year 6 students will participate in the Department of Education swimming lessons at HBF Arena Joondalup.

When: Monday 11th September to Friday 22nd September 2017 (10 Lessons)

Start Times: Lesson 1: 9:45am Lesson 2: 10:35am
Lesson 3: 11:20am

Transport: Beejay's Bus Charter – Seat belted buses

Cost: \$50 per student (*includes pool entry and bus costs*)

Parent Spectators: Please note there is a \$2.50 spectator charge to be paid on entry at HBF Arena.

Requirements:

- 1) Students will require suitable swimming attire, a towel, goggles (if preferred), labelled bag for wet clothing and appropriate footwear for example, sandals that are easy to take on and off. Additional enclosed footwear can be put on back at school.
- 2) The pool requires long hair to be tied back.
- 3) **Note:** Children will board the bus in their swimming gear. After the lessons, students will change into their school clothes at the pool.
- 4) Students with asthma must bring their own puffer and spacer to the pool.

Refunds: The actual swimming lessons are provided by the Department of Education and Training at no charge. The \$50 fee is to cover bus transport and pool entry. Bus costs are non-refundable.

Change Rooms Staff will supervise students at all times. Due to our limited numbers of male staff, two female staff may be required to assist in the male change rooms for junior students.

Please return the *signed 'Consent Form' and 'Interm Swimming Enrolment Form'* to your classroom teacher by Monday 21st August 2017. The attached payment envelope should have the CORRECT money enclosed and be posted into the collection box located on the outside wall of the Library, next to the entrance door. Please note, correct money must be included in the envelope as change will not be given. Alternatively, payment can be made by EFTPOS in the front office or by direct credit to: Commonwealth Bank – BSB 066040 – Account No. 19902052.

Somerly Primary School Administration

✂ _____

SOMERLY PRIMARY SCHOOL INTERM SWIMMING LESSONS

I have read and understand the above information regarding in-term swimming lessons at HBF Arena Joondalup from Monday 11th September to Friday 22nd September 2017 and give consent for my child _____ in room _____ to attend.

Where it is not possible to communicate with me, I authorise the supervising teacher to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Department of Education and Training insurance does not cover personal accidents through misadventure nor loss or damage to personal property.

I will ensure that my child/ren's medical details held by the school are up to date.

Name: _____
Parent/ Guardian Name

Signature: _____

**MEDICAL FORM
STRICTLY CONFIDENTIAL**

MEDICAL REPORT FOR EDUCATIONAL EXCURSIONS

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

Personal details:

Student Name: _____ Date of Birth _____

Parent's/Caregiver's Full Name: _____

Address _____ Post Code _____

Emergency telephone numbers: Home _____ Work _____

Mobile _____

Name of Family Doctor _____ Telephone _____

Medicare N° _____

Medical/Hospital Insurance _____ Contribution N° _____

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

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sleep Walks | <input type="checkbox"/> Travel Sickness |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Dizzy Spells |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Other | | |

Please provide further information if your son/daughter has special needs, include any relevant medical details

Allergies to:

- ☐ Penicillin
- ☐ Other drugs (please specify) _____

☐ Any foods _____

☐ Other allergies _____

What special care is recommended for allergies? _____

Tetanus immunisation: Last immunisation was on _____.

If over 10 years since last immunisation, please tick if booster is to be arranged by parent/caregiver before excursion.

☐ Booster date.....

Tablets and medications:

Is your child presently taking any form of medication? Yes/No

If yes, please state the name of the medicine and the dosage _____

If yes, please contact the school for a Medication form, which must be completed before the school can accept responsibility for the administration of medications.

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

Consent to medical attention:

Where it is not practical for me to, I authorise the teacher in charge of the excursion to consent to my child receiving such medical attention as may be considered necessary.

Signed: _____
(Parent/Caregiver)

Date: _____

(This signed consent is required for all students attending school camps and extended educational excursions.)



Government of Western Australia
Department of Education

Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: _____
(Full Name PRINT BLOCK LETTERS)

Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at _____

commencing on ____/____/____ and enclose payment of \$ _____. (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability*** that may affect his/her safety, or require the school to provide learning adjustment? ☐ No ☐ Yes (please provide further information if necessary) **

*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

**If necessary please consult your Principal well in advance of lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

Stage No		8	Water/Surf Wise
1	Beginner	9	Senior
2	Water/Surf Discovery	10	Jnr Swim & Survive/Surf Stage 10
3	Preliminary	11	Swim & Survive/Surf Stage 11
4	Water/Surf Introduction	12	Snr Swim & Survive/Surf Stage 12
5	Water/Surf Safe	13	Wade Rescue/Surf Stage 13
6	Junior	14	Accompanied Rescue/Surf Stage 14
7	Intermediate	15	Bronze Star (pool only)

My child is going for Stage number:

Unsure - please grade:

My child has attempted this 'going for' stage three times in Department of Education classes without passing.
Please attach copies of last three Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)