YEAR 5 & 6 SWIMMING LESSONS 2016

Swimming lessons for our Year 5 and 6 students commence on Tuesday 2 February and conclude on Friday 12 February. The lessons are held at Cottesloe Beach using the sheltered area near the groyne. These lessons cater for all swimming stages and focus on teaching children to swim safely at beaches, such a vital skill in our country. All students are expected to attend the series of lessons as they are a very important part of their education. The cost of the program is $31.00. As the swimming lessons are early in the day (we leave at 8.50) students should arrive promptly, wear their bather to school and have their change of clothing ready for their return. Please ensure students apply sun block at home.

PLEASE RETURN NOTE BY THURSDAY 1 FEBRUARY 2016

Children require:
- A completed ‘in-term Swimming Enrolment Form’ - attached. (Important to fill in the stage number if you can or swimming staff will grade your child – sometimes incorrectly)
- Permission form below and money
- Consent for Water Based Activities form
- T-shirt or rashy to wear in the water is encouraged
- Towel (goggles-optional)
- Bathers
- Underwear, shoes and uniform in a labelled plastic bag
- Sunblock – applied before school
- All property labelled – including plastic bag

FACTION CARNIVAL – Claremont Pool Year PP -6 Monday 21 March 2016
INTER SCHOOL CARNIVAL – Challenge Stadium Wednesday 30 March commencing at 12 noon

Grant Souter – PE Teacher

YEAR 5 & 6 SWIMMING LESSONS 2016

SWIMMING PERMISSION SLIP

I have read and understood the information about the swimming lessons at Cottesloe Beach and give my consent for my son/daughter __________________________ to attend Room No: __________. 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, and understand that I will be responsible for any costs incurred.

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

NOTE: Failure to return this form means the teacher does not have the authority to include your child in the planned activity. Your child will have to miss out on the activity and will not be able to draw upon those educational experiences when the class is doing follow up work and the event.

PLEASE SIGN AND RETURN THIS FORM PROMPTLY.

STRIVING FOR EXCELLENCE
CONSENT FOR WATER-BASED ACTIVITIES – IN TERM SWIMMING

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending water-based activities.

Student Details

Student’s Name: ________________________________
Parent or Guardian’s Full Name: ________________________________
Address: ______________________________________________________
Telephone: ___________ (home) ___________ (work) ___________ (mobile)
Name of Family Doctor: ___________________________ Telephone No: ___________ 

Medical Details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition that may affect his or her safety during aquatic activities? (Unless such conditions are listed and the form returned, Swimming Staff can not take responsibility for medical conditions of which they are unaware.)

Yes ___________ No ___________ Please list and provide details of medication currently being taken if applicable.

Is your child allergic to:

Penicillin Give Details: ____________________________________________
Any Other Drug Give Details: _______________________________________
Any Food Give Details: ___________________________________________
Other Give Details: _____________________________________________

Is any special care required?

Yes ___________ No ___________ If “yes” give details: ____________________________

Tetanus vaccination: Yes ___________ No ___________ Don’t know

Medications

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

Is your child presently taking tablets and/or other forms of medications?

Yes ___________ No

Does your child self-administer the medication?

Yes ___________ No

If “yes” give details (dosage, frequency, name of medication and reason for use):

______________________________________________________________

I agree to inform the organisers before the scheduled excursion departure of any change to my child’s health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent or guardian ___________________________ Date: ___________
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?  O No  O 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.

<table>
<thead>
<tr>
<th>Stage No</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Beginner</td>
</tr>
<tr>
<td>2</td>
<td>Water/Surf Discovery</td>
</tr>
<tr>
<td>3</td>
<td>Preliminary</td>
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<tr>
<td>4</td>
<td>Water/Surf Introduction</td>
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<td>5</td>
<td>Water/Surf Safe</td>
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<tr>
<td>6</td>
<td>Junior</td>
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<tr>
<td>7</td>
<td>Intermediate</td>
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<tr>
<td>8</td>
<td>Water/Surf Wise</td>
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<tr>
<td>9</td>
<td>Senior</td>
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<tr>
<td>10</td>
<td>Jnr Swim &amp; Survive/Surf Stage 10</td>
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<tr>
<td>11</td>
<td>Swim &amp; Survive/Surf Stage 11</td>
</tr>
<tr>
<td>12</td>
<td>Snr Swim &amp; Survive/Surf Stage 12</td>
</tr>
<tr>
<td>13</td>
<td>Wade Rescue/Surf Stage 13</td>
</tr>
<tr>
<td>14</td>
<td>Accompanied Rescue/Surf Stage 14</td>
</tr>
<tr>
<td>15</td>
<td>Bronze Star (pool only)</td>
</tr>
</tbody>
</table>

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: __________________________