Swimming Lessons Term 1 2016

Years 1 - 4 and ESU

Swimming lessons for all students in years 1 – 4 and ESU commence Tuesday 2 February and conclude on Friday 12 February. The lessons will be held at Claremont Pool. Children will travel to and from the pool by bus.

There will be three separate lesson times each morning.

The total cost of the program, including transport and pool entry fee is $44.00.

All students are expected to participate in the in-term swimming program as very important part of their education in water and safety awareness. Lessons cater for all swimming levels.

Children should wear their bathers to school as the first group departs at 8.55. Children will change into their uniform on their return to school.

Children will require:

- A completed ‘In-term Swimming Enrolment Form’ - attached
- Signed permission form enclosed with payment
- Consent for Water Based Activities form
- Towel (swimming goggles-optional)
- Bathers, board shorts, and sun vests
- Long hair must be tied back
- **Underwear, shoes and uniform in a labelled plastic bag.**
- All property labelled – including plastic bag and goggles
- **Please Note** – All forms returned by 1 February 2016 to enable swimming teachers to organise classes

Payment options are noted below.

1. CREDIT CARD/EFTPOS facilities are available in the administration building.
2. ELECTRONIC BANKING details are: BSB: 006-040 Account: 19902749. Please reference the payment by surname.
3. CHEQUES made payable to Swanbourne Primary School can be posted or handed at the front office.

PLEASE NOTE NO CASH OR AMEX PAYMENTS WILL BE ACCEPTED

Grant Souter PE Teacher

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SWIMMING PERMISSION SLIP 2016

I have read and understood the information about the in-term swimming lessons at Claremont Pool during February 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 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

Please Note: Failure to return this form will mean the teacher does not have the authority to include your child in the planned activity.

PLEASE SIGN AND RETURN THIS FORM BY Monday 1 FEBRUARY 2016
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 cannot 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 _______________ (Full Name PRINT BLOCK LETTERS) Age: ____ School: _______________

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>
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<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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<td>7</td>
<td>Intermediate</td>
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<td>8</td>
<td>Water/Surf Wise</td>
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<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>
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<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: _____________

Interim Swimming Enrolment Form V2. Sep 15