**SCHOOL SWIMMING CARNIVAL Monday 19 February, 2018**

Dear Parents/Caregivers,

**Information:** The school swimming carnival for **8-13 year old** students will be held on Monday 19 February at Charlestown Pool, commencing at 9:45am and concluding around 2:30pm (Note- A student’s age group is the age they are turning in 2018).

**Weather**: In the case of extremely bad weather (thunderstorms and lightning), cancellation advice will be sent out via an SMS and a SkoolBag notification. If a high chance of rain is predicted on the Bureau of Meteorology website the day before the carnival the school executive will make a decision about the attendance of students whose parents have indicated that they are non-swimmers or poor swimmers. These students will receive a note the day before the carnival and they will remain at school on the day of the carnival. Money will be refunded. The convenor of the carnival will monitor the weather and decide on which events will be run. If there is an electrical storm the carnival will cease.

**Medley and Butterfly event:** This year competitive swimmers, who wish to compete in the medley and butterfly events, will swim before the carnival begins. These students will be responsible for their own transport to the pool in the morning (**arriving at 8:30am**) and will need to indicate participation on the nomination slip on this note.

**Attendance and Participation:** All events will be organised races in lanes with support provided for those children who are not as confident. At recess and lunch children are encouraged to sit with their families to eat and rest. Owing to legal requirements and time constraints we will be unable to have a free swim. Only students who participate in an event will enter the water. For non- swimmers parents/carers are able to select to either send their child to the carnival or to school. Please indicate on the permission note if your child will be remaining at school. To allow for proper risk management, please return the following permission slip and money by **16/02/2018**. Late permission notes cannot be accepted and students will therefore miss this excursion.

**Recess/Lunch:** All children should bring their recess, lunch and a water bottle **with them**, as there is insufficient time for lunches to be purchased from the pool canteen. However, pupils may be allowed to use the canteen to purchase snacks.

**Seating:** Students will be seated in specific house areas and will not be permitted to sit with their family during the races. Spectators are advised to take a folding chair, as seating may not be available.

**Assistance:** Any parents/carers attending the carnival who are prepared to assist, please advise Mr Finlay or Mr Halbesma.

**Date/Time**: **Monday 19 February** Students will be departing school after rolls are marked at 9:10am and will leave the pool at 2:30 pm

**Transport**: Students will travel to Charlestown Pool by bus departing school at 9.15 am. Parents/carers may take their own children home after the carnival has concluded if they notify the class teacher. Appropriate permission notes will be required for parents to take students other than their own home.

**Cost**: $10 per student. An entry fee of $2.50 is payable at the gate for spectators.

**What to bring:** School sports uniform, swimming costume, towel, hat, sunscreen, lunch, recess and a bottle of water.

**2018 SCHOOL SWIMMING CARNIVAL**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_ of class to attend the 2018 Swimming Carnival, on **19/02/2018**. I understand that travel is by bus and the cost is $10 per student.

I have enclosed $10 as payment or

I have made my payment online. My receipt number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Online Payments can be made by clicking on the Make a Payment link ($) on the schools website and following the instructions.

**Medical Information and Medical Consent Form**

Please note that the following information is confidential but it will enable us all to work together for your child’s health and safety in the unlikely event that any problem does arise.

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**:

**Telephone**: (Home/Work/Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | Does your child suffer from any chronic illness or disability?  If the answer is yes, what is its nature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES/NO |
|  | Is he/she taking any mixture, tablets or any other form of medicine at present?  If the answer is yes, and the medication has been prescribed by a doctor, obtain full written instructions from the doctor concerned.  If the answer is yes, what is its nature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES/NO |
|  | Does your child suffer from travel sickness? | YES/NO |
|  | Has he/she had the Combined Diphtheria Tetanus booster injection?  If the answer is yes, in what year was the last booster injection given? \_ | YES/NO |
|  | Are there any other details that we should know about?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES/NO |

**Parent or Guardian’s Consent**

1. In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also undertake to pay medical fees and/or the cost of medication which may be incurred while my child is on the excursion.
2. I understand the abovementioned excursion has the approval of the Principal and the NSW Department of Education, and I agree to my child’s attendance.
3. I am aware of the nature of activities that my child will be participating in.

Please return consent note, medical note and money by **16/02/2018**. **Late permission notes will not be accepted and children will miss out.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please complete the detiails over the page.**

**In relation to the proposed water or swimming activities, I advise that my child is a:**

**(*please tick one only, unless competing in the medley)***

**□ strong swimmer –** My child is a strong swimmer and is very confident in deep water.

**□ average swimmer –** My child is a reasonable swimmer but is not very strong or confident in deep water**.**

**□ weak swimmer –** My child is comfortable and confident in shallow water but cannot swim very well.

**□ non-swimmer-** My child is unable to swim but will still attend the carnival.

**□ non-swimmer-** My child is unable to swim and will be attending school.

**To help with carnival organisation please indicate if your child will participate in the Medley and Butterfly in the morning before the school arrives** (transport to the pool to be arranged by parent or carer).

**□ Medley swimmer-** My child will be participating in the 4 stroke 200m Individual Medley Event

**□ Butterfly Swimmer- 50m**

Student’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age Group\_\_\_\_\_\_\_ (Age turning 2018)

|  |
| --- |
| The information provided on. ………[date] by ………………[*name*]. is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about ……….…………........... [*student name*] who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Redhead Public School.  It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.  Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.  Provision of this information is not required by law. However, a failure to provide the information maymean that your child cannot participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.  Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.  You may correct any personal information provided at any time by contacting the school office. |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_