



# THE OAKS PUBLIC SCHOOL

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The Oaks 2570

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## WATER SAFETY DAY –Thursday 7<sup>th</sup> December 2017

Dear Parents and Carers,

The Annual Swimming Carnival will be held in Term 1, 2018. The day will offer children a variety of swimming events for both their House Competition and to select the children who will represent the school at the Annual Zone Swimming Carnival in all of the stroke events.

Due to strict DoE regulations regarding water based activities, individual tests need to be held every 12 months to ascertain children's safety around water BEFORE an activity such as the Swimming Carnival can be held.

The WATER SAFETY DAY is **compulsory** for all children wishing to attend the Swimming Carnival in 2018. The day will encompass water safety lessons, instructions and testing. Any child who is deemed to be unsafe in the water will be unable to attend the swimming carnival in 2018. These changes have been put in place by NSW Department of Education in conjunction with Royal Life Saving Society of New South Wales, New South Wales Sport and Recreation, Association of Independent Schools and the Catholic Education Commission in response to the NSW Deputy State Coroner's Inquest to ensure the safety of all children in NSW schools.

The test will involve: slide in entry, balanced walk, 25m swim (dog paddle), float/tread water for one minute, unassisted exit from the pool, and a voice rescue. The children will be instructed in each activity and given ample practise time. A pool employed life guard will be on duty throughout the testing. If you feel your child will not be able to *safely* complete any of the above activities or will not be attending the carnival, please complete the slip below indicating so.

The Water Safety Day will commence at approximately 10am on Thursday 7<sup>th</sup> December 2017. Children will travel by bus to PICTON POOL. **The students will need to be at school by 9.30am. They will return within school hours.**

Children will require swimmers, towel, hat, sun screen and sports uniform. They will also need crunch and sip, lunch and recess, as we will be at the pool during these eating times. There will be **NO** canteen available at Picton Pool on this day.

All children in Years 1\* to 5 are invited to participate (\*turning 8 in 2018).

For students wishing to participate, please complete the attached permission note, swimming ability form and medical information form. Return them to the school with payment of **\$12.00** for transport and pool entry. These essential forms and payment need to be returned no later than **Wednesday 29<sup>th</sup> November 2017**.

If you have any further enquiries regarding Water Safety Day, please contact Miss Yeaman via the school office.

Miss T Yeaman  
Water Safety Day Coordinator

Mrs L Godkin  
Relieving Principal

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*Please only complete this section if applicable.*

☐ (tick) **My child will NOT be participating in the Water Safety Day. I understand that my child will not be eligible to attend the 2018 Swimming Carnival.**

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent/Carer name: \_\_\_\_\_ Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_



# THE OAKS PUBLIC SCHOOL

## WATER SAFETY DAY – THURSDAY 7/10/2017



### MEDICAL INFORMATION FORM

The information requested below will help to provide the best possible care of your child.

- Providing this information is not obligatory, but its absence may prevent your child from participation;
- It will be used to minimise risks associated with this excursion;
- It will be seen only by those persons providing health care treatment;
- It will be stored securely and destroyed after the legal time limit has expired

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

#### Parent or Caregiver Contact Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

#### Doctor Contact Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Telephone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

#### Emergency Contact/s Details (nominated by the parent/caregiver as alternate contact)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



**THE OAKS PUBLIC SCHOOL  
WATER SAFETY DAY 2017  
THURSDAY 7<sup>TH</sup> DECEMBER 2017**

**PERMISSION NOTE**

I give permission for my son/daughter/ward ..... of class .....  
to attend the **Water Safety Day** to be held at Picton Pool on Thursday 7<sup>th</sup> December 2017.

Please note that EFTPOS facilities are available to use at reception during office hours.

- ☐ I understand travel will be by bus to and from Picton Pool.  
☐ I enclose \$12.00 as payment for transport and pool entry.  
☐ I have made an online payment. My receipt number is \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Carer name

\_\_\_\_\_  
Parent/Carer signature

\_\_\_\_\_  
Date

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**THE OAKS PUBLIC SCHOOL  
WATER SAFETY DAY 2017  
THURSDAY 7<sup>TH</sup> DECEMBER 2017**

**SWIMMING ABILITY**

Child Name: \_\_\_\_\_

Class: \_\_\_\_\_

**Swimming ability**

My child's swimming ability is:

☐ Non Swimmer

☐ Requires help

***Students that are 'non swimmers' or 'require help' may be unable to attend the carnival if they are deemed unsafe through the water safety testing. They will bring a note home from the testing detailing which skill they require additional guidance in.***

☐ Can swim a little

☐ Confidently able to swim 25m

☐ Confidently able to swim at least 50m

☐ Swim Club/Squad member

Parent/Carer signature: \_\_\_\_\_