



THE OAKS PUBLIC SCHOOL

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SCHOOL SWIMMING PROGRAM 2017

Dear Parents/Caregivers,

In Term 4 students in Years 2-6 will have the opportunity to participate in the SCHOOL SWIMMING and WATER SAFETY program.

The Department of Education and Communities School Swimming and Water Safety Program is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival. The program is conducted over ten days. Each daily lesson is 45 minutes.

Students who have not reached a satisfactory standard of water safety and survival skills, and are unable to swim 25m confidently unaided in deep water, are eligible to participate in the School Swimming and Water Safety Program. **The program focuses on weak swimmers in Year 2 to 6 as well as students with special needs such as new arrivals in Australia and students with disabilities.**

Instruction will take place at **PICTON** pool.

The program will continue **daily for two weeks** from 9/10/17-20/10/17, weeks 1 and 2 of Term 4.

The **total cost** incorporates pool entry and transport for the 10-day scheme is \$60. This equates to only \$6 a day. The Department of Education provides the instructors free of charge. A transport portion of the cost has been subsidised through a government initiative and The Oaks PS has chosen to direct funding towards the School Swimming Program to make the cost more affordable for families.

Each child should wear their swimming costume to school under their clothes and bring a towel, underwear, hat and warm clothing on a cool day. Where instruction takes place in an outdoor pool, it is recommended that students use adequate sun protection, eg. an SPF 30+ broad spectrum, water-resistant sun screen reapplied regularly, a rash shirt is also highly recommended.

Students will be assessed during the School Swimming and Water Safety Program for all water safety skills without wearing goggles.

If your child is eligible for the program, please complete and sign the form below and return it, with payment, to the school office by **Wednesday, 20th September**.

Tiffany Yeaman
Swim School Coordinators

Leeanne Godkin
Relieving Principal

SCHOOL SWIMMING AND WATER SAFETY PROGRAM CONSENT FORM

Return payment and consent to the school office by Wednesday 20th September

I hereby consent to the attendance of my son/daughter _____ of class _____ at the School Swimming and Water Safety Program classes to be held at PICTON pool from 9/10/17 – 20/10/17, Week 1 and 2 of Term 4.

Travel will be by bus. **Total cost for the 10-day program is \$60.**

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

☐

I have enclosed \$60 as payment for this program.

☐

I have made an online payment. My receipt number is: _____ Date: _____

In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical assistance that my child may require. Please fill in the attached medical form.

Parent/Guardian name: _____ Signed: _____ Date: _____

TO BE RETAINED AT THE SCHOOL

Privacy Notice

The personal information provided on this permission note, will be used by the Department of Education and Communities for general administration and communication and other matters of welfare relating to your child at this event. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information will be stored securely. Please be aware that the media exposure at this event may result in your child's name, school details and/or photograph appearing in a Newspaper, on Television or on the School Sport Unit: Website



THE OAKS PUBLIC SCHOOL

SCHOOL SWIMMING & WATER SAFETY PROGRAM 9.10.17 TO 20.10.17



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: _____