3rd February 2017

SWIMMING CARNIVAL 2017

Dear Parents / Caregivers

On **Monday 13th February 2017**, students in Years 3, 4, 5 and 6, plus students in Year 2, (turning 8 years of age in 2017 and can swim 50m unassisted) will be participating in Ironbark Ridge Public School’s Swimming Carnival. All students from Year 3 to 6 are expected to attend as this is a school day.

The carnival is being held at **Waves Fitness and Aquatic Centre, Mileham Ave, Baulkham Hills**.

**(School will be as normal for Year 2 students, turning eight, who cannot swim 50 metres.)**

Students will need to wear house colours, bring a hat, towels, goggles, sunscreen and wear swimming costume. Joggers must be worn for safety reasons - no sandals or thongs are permitted.

Each student will need to bring recess, lunch and drinks. The Pool canteen will be open.

**Students swimming the 100m Freestyle need to be at school by 8.30am; they will be on the first departing bus at 8.45am. House Captains will also be travelling on this bus.**

The rest of the students will be leaving school at 9.00am and returning to school by 3.00pm. The cost of the carnival will be $12 which covers the hire of buses and pool entry. Staff members attending have Emergency First Aid training.

Please return the consent form, Payment and the Medical Information Form no later than recess Thursday 9th February 2017. No permission notes or monies will be accepted after this date.

Thank you.

Nick Thomson  
Principal

Judy Paton and Tracy Sayer  
Teachers / Co-ordinators

*a community of safe, responsible, respectful learners*
Event / activity: SCHOOL SWIMMING CARNIVAL 2017

When: Monday 13th February 2017

Location: Waves Fitness and Aquatic Centre, Mileham Ave, Baulkham Hills.

Details: All Stage 2 and 3 students, and those Year 2 students who are turning 8 in 2017 and are able to swim 50m freestyle unassisted will be participating in the annual School Swimming Carnival.

Cost: $12.00 - if paying online please enter “School Swimming Carnival” in the payment description under Excursions.

Final Date for Payment: Thursday 9th February, 2017

Please do not tear consent form.

I consent to my child ___________________________________________ of class _________ participating in all aspects of the school excursion activity as listed above. I understand that all school activities are fully teacher supervised and that any travel to and from venues will be conducted according to DEC safety procedures in the best interests of students.

I understand that any payment relating to this school activity must be made before the due date or my child will not be able to participate.

Signed: ___________________________________________ Date: ______________________

Parent/Caregiver

☐ I have made an Online payment. My receipt number is _____________ Date ________________

Please return this complete consent form to the School Administration Office no later than Thursday 9th February, 2017.
School Swimming Carnival

a community of safe, responsible, respectful learners
MEDICAL FORM 2017

This information is being obtained for the purpose of ascertaining relevant medical information that will be used to assist planning and minimise risks when conducting excursions, sporting or other activities. Provision of this information is not required by law. However, failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. The information will be stored securely and can be corrected at any time by contacting the school office.

Student Name: ___________________________ Class: ___________________________

Medicare Number (optional): ________________________________________________

Parent Name: ___________________________ Home Work: _______________________

Address: ___________________________ Work Phone: _______________________

Mobile: ___________________________

Name of Doctor: __________________________________________________________

Address: _______________________________________________________________

Doctors Phone: 1. ___________________________ 2. ___________________________

Emergency Contact Details (nominated by parent or carer as alternative contact)

1. Name: ___________________________ Phone: ___________________________

2. Name: ___________________________ Phone: ___________________________

List medical conditions (include asthma, diabetes, epilepsy, allergies) and treatment for each:

________________________________________________________________________

________________________________________________________________________

Outline special dietary needs include possible reaction to inappropriate diet:

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

SIGNATURE: ___________________________ Date: ___________________________