

## Re: LEARN TO SWIM : Prep – Year 2 Classes

Dear Parents and Caregivers of Prep to Year 2 Students

Learn to Swim lessons for Prep - Year 2 classes will **begin on Monday 5 November 2018 finishing on Friday 16 November 2018**. Lessons will be held at the Caboolture Swimming Pool, Cnr King Street & Bellmere Road, Caboolture. The children will swim for 10 x 40 minute sessions. The times are as follows:

### Monday – Friday

	LEAVE SCHOOL	START SWIMMING	STOP SWIMMING	BACK TO SCHOOL
Year 2	9:00am	9:15am	9:55am	10:25am
Year 1	9:45am	10:00am	10:40am	11:10am
Prep	10:30am	10:45am	11:25am	11:55am

Students will travel by bus with their teachers and the school covers the cost of transport.

The children will need to bring **NAMED swimmers and a towel in a separate bag (the excursion bag is excellent for this)** in which wet togs and towels can be sent home. Parents need to provide **goggles** if the child prefers this. Students change at school and take only towels, caps and goggles to the pool. **Sandals or thongs** must be provided so students can walk safely to and from the bus at school and at the pool. **Togs** need to be suitable for swimming and diving, e.g. single piece togs for girls and light-weight togs for boys (avoid over-sized, heavy board shorts). Bikinis should not be worn. Swim shirts are recommended as some groups will be swimming outdoors.

The pool instructors provide a certificate to show the level of competence achieved.

The program will be held in the indoor pool with qualified instructors teaching each class. Class Teachers will be on hand to help pool staff with the supervision of children if needed. Children will be grouped according to their ability. The beginners will learn water confidence skills, while those with some degree of skill will work at improving their strokes.

The pool has a policy of not encouraging parents to attend lessons due to the distractions that may arise. Questions and concerns should be raised with the class Teachers and not with the swimming instructors.

**The cost of swimming is \$69.00 per student (charged to Term 4 Fee Accounts). The attached Parent Consent Form needs to be completed and returned to the School Office by Friday 26 October 2018.**

Yours in Christ

Lois Kube

**Deputy Principal and Prep, Year 1 & 2 Teachers**

Please complete and return to the School Office by Friday 26 October 2018.



## PARENT CONSENT FORM Excursion

OFFICE USE ONLY

Received Date:

\_\_\_ / \_\_\_ / \_\_\_

**Please Note:** It is a legal requirement that Parent Consent/Medical Forms be returned prior to the Excursion/Incursion. It is the school's requirement that this be returned by Friday 26 October 2018. If your child's form is not received by this date, they will not be able to attend the Excursion.

I/we, \_\_\_\_\_ as parent/carers of

*Your First Name and Surname*

\_\_\_\_\_  
*Child's First Name and Surname*

\_\_\_\_\_  
*Class*

give my/our consent for him/her to attend the **Learn to Swim Lessons for Prep - Year 2 classes from Monday 5 November 2018 and finishing on Friday 16 November 2018 at the Caboolture Swimming Pool, Cnr King Street and Bellmere Road, Caboolture.**

I/we accept that the teachers and instructors will take appropriate disciplinary action in an attempt to ensure the safety, well-being, and successful conduct of the students who participate in the activities associated with the excursion / incursion.

In the event of any illness or accident, I/we authorise the obtaining of such medical assistance as my child may require. In the event of any medical emergency during the excursion, I/we appoint the supervising teacher-in-charge as our agent, with the right to arrange ambulance evacuation and medical treatment, if deemed necessary, and we cannot immediately be contacted. Any such duly qualified doctor who treats our child in any emergency life-or-death situation:

***Strike out which does not apply below and SIGN the action you wish to be taken.***

- a) Has my/our consent to undertake life-saving surgery, including if necessary, the administration of anaesthetic and/or blood transfusions.

**Parent Signature:** \_\_\_\_\_

**OR**

- b) Has my/our consent to take the following alternative action in a life-or-death emergency situation, because of our religious or other objections to blood transfusions or anaesthetics.

\_\_\_\_\_  
**Parent Signature:** \_\_\_\_\_

I/we also accept the responsibility for payment of any expenses thus incurred which exceed the limit imposed by the school's insurance policy (student insurance details are available from the office).

***If your child requires medication whilst on the excursion / incursion, please provide the medication with a Pharmacy Label (Patient Name, Dosage, Doctor's Name) in a clearly labelled container or quick seal bag with documentation stating dosage and frequency and hand it to the teacher on the morning of the excursion / incursion.***

I/we include the completed medical information section (over the page) about my/our child to assist those who are organising the excursion / incursion, and for reference in any medical emergency. I/we will notify the school of any changes to medical conditions during the duration of the excursion / incursion.

Signed: \_\_\_\_\_  
*Parent / Person with Legal Responsibility for the Child*

Date: \_\_\_ / \_\_\_ / \_\_\_

**(Continued Over Page)**

**Emergency Contact Telephone Numbers:** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any medical condition or disability which may affect his or her participation in the excursion / incursion?**

YES / NO      *\*If YES, please give details.*

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

**Is your child on any prescribed medication/s which would be required to be continued during the excursion / incursion?**

YES / NO      *\*If YES, please give details.*

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

**Does your child have any allergies or sensitivities (e.g. insect bites, food)?**

YES / NO      *\*If YES, please give details.*

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

**Does your child have a fear of the water?**

YES / NO      *\*If YES, please give details.*

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

**Does your child suffer from motion sickness?**

YES / NO      *\*If YES, please give details.*

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

**Is there any other information you would like to give which, in your view, may assist the school in the care and safety of your child during the excursion / incursion?**

YES / NO      *\*If YES, please give details.*

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

**Do you give consent for photos/video of your child to be taken by the teachers/staff on this excursion / incursion?**

YES / NO