Nords Wharf Annual Swimming Carnival

Dear Parent / Caregiver

It is planned that students in Years 3 - 6 and Year 2 students who will turn 8 this year will participate in our annual Swimming Carnival at Swansea Pool on Friday 10 February 2012.

Transport will be by parent organised means.

The cost of entry into Swansea Pool is $2.40 for each child payable to the school. The entry fee for all spectators and parent helpers is $2.40, payable at the pool gate.

List any medical conditions that may impact on your child’s participation in this activity, on the reverse side of the permission note attached.

Permission notes and money need to be returned to the office by Wednesday 8 February 2012.

Supervisors will be classroom teachers.

Parent helpers will be required for time keeping, recording and novelty events.

All helpers will have to have signed the Prohibited Employment Declaration required under the Child Protection (Prohibited Employment) Act 1998.

Requirements: Swimmers, towel, hat, sunscreen, water bottle, lunch and recess.

Additional Information: The Pool canteen will be open for some purchases. The school office will be closed as our Office Manager will be attending the carnival.

Miss Amy Burgess
Coordinating Teacher

Mrs Karin Hird
Principal

/ /2012
I / we give my permission for our son / daughter ____________________ in class __________________ to participate in the excursion activity to Swansea Pool.

I understand transport will be by parent organised means.

Medical considerations for my/our child, relating to this excursion / activity are listed on the back of this form.

I give permission for teacher in charge to seek medical treatment for my child if required.

Medicare No. ____________________ Contact phone number for daytime ____________________

**Permission note and Water Activities notes and money** need to be returned to the office by Wednesday 8 February 2012. I enclose $2.40 as payment for this carnival.

_____________________________ / __________/2012

Parent / Guardian signature  Date

**OR**  □  My/our child ____________________ of class ____________________ will not be participating in this excursion / school activity/ sports activity.

**Water or Swimming Activities**

In relation to the proposed water or swimming activities, I advise that my child is a (please tick one)

- [ ] Strong swimmer
- [ ] Average Swimmer
- [ ] Poor swimmer
- [ ] Non Swimmer

I advise that my child requires the following flotation device to assist him/her in the water: _______________

I undertake to provide this device so that my child can participate in the excursion. Yes / No

- [ ] I give permission for my child to participate in the water or swimming activities.  OR

- [ ] I DO NOT give permission for my child to participate in the water or swimming activities.

**Privacy advice**

The information provided on this date by the parent/guardian is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child, 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 Nords Wharf Public School.

It will be used by officers of the NSW Department of Education and Training to assist planning. To support students and to minimize risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this 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 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 covered by law. However a failure to provide the information may mean that your child can not 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.
Nords Wharf Public School

**Excursion Only Medical Information Form**

*Please notify office separately to have new details updated on school computer data base.*

**Student Name** ____________________________  **Class** ________

**Medicare Number (Optional)** ____________________________

**Parent Care giver contact details**

Name ____________________________

Address ____________________________

Home Phone ____________________________  Work ____________________________  Mobile ____________________________

**Doctor contact details**

Name ____________________________

Address ____________________________

Doctors phone numbers  1 ________  2 ________

**Emergency Contact details (alternative contact to parents)**

1 Name ____________________________  Phone ____________________________

2 Name ____________________________  Phone ____________________________

**Medical Conditions** List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc) outline the treatment for each.

________________________________________________________________________

**Dietary Needs** Outline special dietary needs including possible reaction to inappropriate diet.

________________________________________________________________________

**Medication(s)** List any prescribed medication to be administered during the excursion. Include name of medication, instructions for administration, time of administration and any possible reactions

________________________________________________________________________

________________________________________________________________________

Parent / Caregiver signature ____________________________  Date _____ / _____ / _____

**Medical Disclaimer:** Parents please note there is no personal injury cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, zone, area and state school sports associations when deciding whether additional cover, above that provided by Medicare is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty of the use of some prescribed part of the body.