

**PARENT INFORMATION AND CONSENT FORM
FOR IN-TERM SWIMMING**

Dear Parent/Guardian

I am pleased to provide you with the following details regarding our excursion for in-term swimming lessons held at Beatty Park Leisure Centre from 22 April – 3 May for Pre-primary to Year 6.

In-term Swimming is a school-based swimming program for children from Pre-primary to Year 6. It provides quality swimming lessons across the State to ensure children develop vital swimming and water safety skills.

The cost for the buses and entry to the pool: \$49 for Years PP-Yr 6. If you have not paid your charges at the start of the year, please pay by cash or EFTPOS to the school office.

22 April – 3 May Swimming Lessons PP – Year 6

Time	9:20	10:05	10:50	12:00	12:45	13:30
	PP Kara 5 Djilyaro	PP Yongka 4 Maali	3 Chuditch 1 Koolbardi	5/6 Yarkiny 2 Wiroo	6 Kwooyar 2 Baan-Baan	4 Bibdjool 1 Waalitj 3 Kwilena

- Please note these times are for the start of each swimming lesson at the pool.
- Students who start with the first classes should come to school in their bathers with their school uniform worn over their bathers.

Travel will be by bus: Horizons West to and from Beatty Park Leisure Centre. (Children will have seatbelts)

Activities to be undertaken will be swimming lessons and water safety.

Special clothing or other items required:

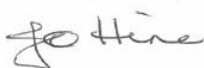
- Bathers
- Sunscreen Lotion
- T-Shirt or Rashie
- Thongs to wear to & from pool
- Towel
- Plastic bag to keep wet towels and bathers in after each lesson
- Optional: a warm jumper/gown to wear to and from the pool

If you have any questions about swimming lessons, in the lead up or during the lesson period, please contact the school.

Please complete and return the two attached forms.

In completing the attached enrolment form please indicate the stage number your child is going to complete. It is the swimming instructors that make the decision about swimming stages based upon their professional judgement at the beginning of the lesson period.

Kind Regards



Jo Hine
Principal
13 March 2024

SWIMMING LESSONS (PP – Yr 6)

Please sign and return with **signed** "In-Term Swimming Enrolment Form"

Student name: _____ Year level: _____

Excursion to: Swimming Lessons commencing Monday, 22 April – 3 May at Beatty Park Leisure Centre.

I have supplied an up to date Student Health Care Summary document held at the school for my child.
YES NO

I wish to update provide additional information:

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

I consent to _____ participating in an excursion to Beatty Park for Swimming Lessons on 22 April – 3 May.

I give permission for my child to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

My child can swim 50m. ☐ My child can swim 25m. ☐

Parent Signature & Date

Contact Number 1: _____ Contact Number 2: _____



TO BE COMPLETED BY PARENT
ESSENTIAL FOR PLACEMENT OF CHILD INTO CORRECT

SWIMMING STAGE

I give my child _____
Full Name PRINT BLOCK LETTERS)

Age: _____ Class/Year: _____

School: **KYILLA PRIMARY SCHOOL**

permission to attend The Department of Education's Interim swimming classes at Beatty Park Leisure Centre commencing on **Monday, 22 April**.

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability that may affect his/her safety, or require the school to provide learning adjustment?

No ☐ Yes ☐ Please list and provide details of medication currently being taken if applicable.

_____.

NB: Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

NB: If necessary please consult your Principal well in advance of lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

I agree to inform the organizers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorize the School teachers to consent to my child receiving such medical treatment as may be considered necessary.

- | | |
|----------------------------|--------------------------------------|
| Stage No: | 8. Water/Surf Wise |
| 1. Beginner | 9. Senior |
| 2. Water/Surf Discovery | 10. Jnr Swim & Survive/Surf Stage 10 |
| 3. Preliminary | 11. Swim & Survive/Surf Stage 11 |
| 4. Water/Surf Introduction | 12. Snr Swim & Survive/Surf Stage 12 |
| 5. Water/Surf Safe | 13. Wade Rescue/Surf Stage 13 |
| 6. Junior | 14. Accompanied Rescue/Surf Stage 14 |
| 7. Intermediate | 15. Bronze Star (pool only) |

My Child is going for Stage No:

Unsure, please grade:

My child has attempted this "going for" Stage three times in Department of Education classes without passing.

Please attach copies of last three Department of Education Certificates.

Parent/Guardian Signature: _____ Date: _____

Daytime Contact Number: _____