

Secret Harbour Primary School

Interm Swimming



Dear Parents and Guardians,

Year 5 and 6 students (except Room 23) commence Interm Swimming lessons at

State Swim Secret Harbour, Clarkhill Road

from **Tuesday 3rd March 2020 – Friday 13th March 2020** (9 days)

(Weeks 5 and 6, Term 1)

In-term swimming lessons are extremely beneficial to all students. All students are encouraged to participate. Finalising when and where students have their lessons is always a complicated process that involves several internal and external departments. Costings for this part of the curriculum is also very complicated and is governed by many factors including swimming venue, transportation costs and pool entry fees.

We will have 3 sessions each day and these will be during the school lunch period. Therefore, all students will have an early lunch before going swimming and will also have another snack break on their return to school. As a result please **DO NOT PLACE A LUNCH ORDER DURING SWIMMING WEEKS.**

Students should wear their swim gear under their school uniform or change at recess. They will need to wear their normal footwear to school and use thongs for swimming only. This is an important safety issue. Please ensure all students have all their clothes labeled, apply sunscreen, bring a towel and a water bottle. **Students will change into their school uniform at State Swim after swimming.** Students will be **WALKING** to and from State Swim.

COST: \$29.50	Where students are unable to continue with lessons it will only be possible to refund the pool entry fee. There is a payment envelope attached to this paperwork. Forward all forms and completed payment envelope to the school office. Please complete the attached <i>Interm Swimming Enrolment Form, Student Health Care Summary</i> and return these with the payment in the envelope provided <i>by Tuesday 25th February 2020 (Week 4).</i> If you have paid your child's swimming charges up front, please indicate this when returning the payment envelope.
SESSION TIMES	Session 1: Rms 26 and 27 – 12:10pm Session 2: Rms 21 and 29 – 12:55pm Session 3: Rms 22 and 30 – 1:40pm
MEDICAL CERTIFICATES	If a child is known to be subject to any form of medical condition involving periodic loss of consciousness, the child should not be permitted to swim unless a medical certificate is produced by the child's parents stating that it is safe to do so.
SWIMMING STAGES	Please note that students who have progressed beyond Stage 12 (Senior Swim and Survive) can now be accommodated in the interm swimming programme with the addition of Stages 12, 13, 14 and 15 (Bronze Star).
CLOTHING AND JEWELLERY	<ul style="list-style-type: none"> Children should wear their bathers to school with school uniform on top and bring underwear, towel and a plastic bag for wet items. <u>Students will be changing at the pool after swimming.</u> Please label children's clothing, so items misplaced may be claimed from lost property. Children should bring thongs to wear to and from the pool only. Shoes and socks will not be worn from the school to the pool. THONGS SHOULD NOT BE WORN TO SCHOOL, THEY ARE PUT ON ONLY WHEN LEAVING FOR THE POOLS. It is strongly recommended that students wear goggles for swimming. Towels may be carried in a bag with your child's name on it. Students with long hair should have it tied back. No jewellery to be worn. Put on rashie vests and sunscreen before school.
TRANSPORT	THE STUDENTS WILL BE WALKING TO AND FROM THE POOL.
FOOD	While students are NOT allowed to eat at the pools, parents can provide additional crunch n sip and/or recess and lunch to provide additional sustenance during swimming weeks.

Regards

Jill vk
Phys Ed Dept

Weeks 5/6



PARENT / GUARDIAN CONSENT FORM

I have read and understood the attached information regarding swimming lessons at State Swim and understand the nature of the activities proposed.

I give permission for my son/daughter _____ to participate in this activity and have completed the attached payment envelope for \$29.50.

N.B. - Payment envelopes and permission notes should be returned to the school office by Tuesday 25th February 2020 (Week 4).

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Name Parent/Guardian: _____

Mobile: _____

Signed: _____ Date: ____/____/____



Government of Western Australia
Department of Education

Weeks 5/6

Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ (Full Name PRINT BLOCK LETTERS) Age: _____ School: _____

Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at _____

commencing on ____/____/____ and enclose payment of \$ _____. (Lessons for Government schools are free. Payment is for transport and pool entry)

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 provide further information if necessary)**

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

**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 organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

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

My child is going for Stage number:

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.

Signature: _____ Parent daytime phone number: _____ Date: _____

(Parent/Guardian)

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School:	Year:	Form:	Teacher:
Student's name:	Date of birth:		
Address:	Gender: Male/Female		

FAMILY CONTACT DETAIL

MEDICAL DETAILS

Name:	Medical practice:		
Relationship to student:	Doctor 1:	Telephone:	
Address:	Doctor 2:	Telephone:	
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance provider:		
	If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.		
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.		
Relationship to student:			
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care):		
	Card number:	Expiry date:	

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication - Request an *Administration of Medication* form to complete and return to the principal or class teacher.

Note: All medication required must be supplied by parents/carers

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? Yes ☐ No ☐

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information? _____

Does your child have one or more health condition(s) that will **require support** from school staff?

No ☐ - Sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.

Signature: _____ Date: _____

Yes ☐ - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s): _____

SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF
(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor and Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Conditions or Needs (Please specify)

	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		YES <input type="checkbox"/> NO <input type="checkbox"/>
		If yes, advise the Principal

If you have ticked Yes for specific staff training, please discuss the type of training needed with the principal.

Name:

Date of Birth:

School:

SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's medical details and photo to be on view for staff. Yes ☐ No ☐

If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes ☐ No ☐

If yes, provide details: _____

Signature: _____

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

Office use only

Does the child have an allergy that needs to be flagged on SIS? Yes ☐ No ☐ Date: _____

Have relevant health care plans been issued to the parent? Yes ☐ No ☐ Date: _____

Has the principal been informed if:

• specific training is required to support the student? Yes ☐ No ☐

• the student's health care information is to be restricted? Yes ☐ No ☐

Date *Student Health Care Summary* was completed and uploaded on SIS: / /