

25th March 2021

TERM TWO SWIMMING

Dear Parents,

Our Term Two swimming program will begin on Friday of the first week of Term 2 (Friday April 23), and will run for eight sessions (May 7, 14, 21, 28. June 4, 11 & 18).

SWIMMING TIMES

9.20- 10.00..... Grade 2 & Grade 5

10.00- 10.40Foundation & Grade 6

10.50- 11.30..... Grade 1 & Grade 4

11.30-12.10Grade 3.

Please ensure that your child comes to school wearing their bathers underneath their sports uniform. Children will need to bring a change of underwear and a towel, as well as goggles and a Ventolin puffer if required. All clothing, including goggles, needs to be labelled so misplaced items can be returned.

The price for the swimming program (including bus travel, pool entry and lessons) is \$85 (which has been charged to your school account).

It is important to be aware that our swimming program is a structured part of our school curriculum and a required part of our Physical Education program. All children are expected to participate.

Please complete the attached permission form and return it to school by Thursday April 1 (Last day of Term One).

Yours Faithfully,



Brett Morris

ST. MARY'S PRIMARY SCHOOL
PERMISSION AND MEDICAL FORM FOR EXCURSIONS

EXCURSION / ACTIVITY: St Mary's Swimming Program Term 2 2021

I give permission for my son/daughter _____ to participate in the St Mary's **Swimming Program** to be held at the Sale Swimming Pool on Friday April 23 May 7, 14, 21, 28. June 4, 11 & 18 (2021). I give permission for my child to travel to and from the pool by bus.

I agree to delegate my authority to the teachers involved. The teachers may take the disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group or individually in any activities.

I also authorise the teachers to obtain medical assistance which they deem necessary should an accident occur and accept all operative, blood transfusion and/or anaesthetic risks involved. I agree to pay all medical expenses incurred on behalf of my son/daughter.

Signed: (Parent/Guardian) **Date:**

I submit the attached medical information about the above named child and include details of any limitations which he/she has for the activity concerned.

Personal details about my child:

Name: Grade: Teacher:

Home Address:

Phone No: Medicare Number:

Person to contact in an emergency (if parents can't be contacted):

Relationship to child: Emergency Phone No:

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**MEDICAL INFORMATION & SWIMMING ABILITY** (This information is to help us care for your child)

| Medical Condition                             | Y/N | Further Information or Further Instructions |
|-----------------------------------------------|-----|---------------------------------------------|
| Allergy (to bee stings)                       | Y/N |                                             |
| Breathing Disorder (Asthma)                   | Y/N |                                             |
| Ear Disorder (drainage tubes)                 | Y/N |                                             |
| Fainting/dizzy spells (loss of consciousness) | Y/N |                                             |
| Epilepsy (mild or severe)                     | Y/N |                                             |
| Other relevant information                    |     |                                             |

P.T.O to provide details on your child's swimming ability.