**SWIMMING LESSONS - 2019**

28th August 2019

Dear Parents/ Caregivers

In year 1, 2 and 3 students will be participating in a 5 lesson Learn-To-Swim and Water Confidence course in **Term 4, 2019**. Each lesson is of 30 minute duration.

The course will be conducted by the qualified staff of Love2Swim School. Students will be placed in ability groups and taught water confidence and basic strokes. If your child is not confident in the water and has difficulty swimming, this is an excellent opportunity for them to improve in these areas with controlled and organised activities.

**Venue:** Love2Swim School. 29 Hudson St, Kirwan.

**When:** Starting Week 2 and running through to Week 4 of term 4, 2019. Lessons will be between 11am and 2pm.

**Travel:** Students will walk from Weir State School to Love2Swim School and return, supervised by their class teacher. A parent helper will assist. If you are able to assist as a parent helper please let your child’s class teacher know on return of the permission note.

**Equipment:** Please ensure your child brings; enclosed footwear, sunscreen, hat, towel, plastic bag,

One-piece swimsuit, goggles (optional).

 **Students who do not have the correct items will not be allowed to attend the lessons.**

**Cost: *The cost for the 5 lessons is $10 per child.* All notes and payment are due by Friday, 20 September, 2019.**

 **Late Payment and permission notes will not be accepted.**

**Forms:** Please complete all sections of the attached medical and permission forms and return both to the office prior to **Friday 20 September.**

## Students NOT Swimming: Students not attending the swimming program - remain at school and are supervised by other year level teachers.

Please contact Mrs Francis if you have any questions regarding any of the above points.

Brad Coey-Braddon Teresa Francis

**A/Deputy Principal P.E. Teacher**

**ACTIVITY CONSENT FORM – SWIMMING LESSONS - 2019**

***Privacy notice***

*The Department of Education is collecting the personal information requested in this form in order to:*

 *- obtain lawful consent for your child to participate in the activity;*

 *- help coordinate the activity;*

 *- respond to any injury or medical condition that may arise during, or as a result of the activity; and*

 *- update school records where necessary.*

*The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006* (Qld), *the Information Privacy Act 2009* (Qld), and/or the *Privacy Act 1988 (*Cwlth*).*

*The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.*

**Activity risks and insurance**

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

**Consent**

By signing this form I agree that:

* I have read all of the information contained in this form in relation to the activity (including any attached material)and I am aware that the department does not have personal accident insurance cover for students/children.

I give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_, to participate in swimming lessons in Term 4, 2019.

* I will pay to the school the costs detailed in this consent form for my child’s participation in the activity.
* If the money is not paid or the permission form and medical form are not returned, I understand that my son/ daughter are ineligible to participate.
* In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.
* I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
* I have provided the school all relevant details of my child’s medical or physical needs on registration /enrolment and where relevant have updated this information.
* I am able to help supervise walking to and from the venue. YES/NO (Please circle) Name:\_\_\_\_\_\_\_\_\_\_

Parent/Carer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_

**Additional medical information**

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child’s full participation in the activity described in the form.

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