



SWIMMING PROGRAM TERM 3, 2017

Prep



Dear Parents,

During Term 3, the children in Prep will participate in an intensive swimming program at Syndal Swim Centre. The swimming program is part of the curriculum and children are expected to attend.

There will be 8 sessions held on **Tuesday** each week commencing
Tuesday 25th July and finishing on Tuesday 12th September, 2017

The cost will be \$140.00 and there will be no refunds for isolated lessons missed as the costs are set.

Please note: Parents eligible for C.S.E.F support can use the funding for this program.

Attached is the Consent form (for all Participants) and the Asthma Form (for asthmatic children only.) Please read these forms carefully. Please return the Permission and/or Asthma Sheet & payment before **Friday 16th June, 2017.**

CHILDREN ARE UNABLE TO ATTEND THE PROGRAM UNLESS THE PERMISSION FORM IS COMPLETED AND RETURNED.

The Prep Teachers

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NAME OF STUDENT: _____

Class: _____

I enclose the full amount due of \$140.00

Signature of Parent/Guardian _____

Please send payment to school before Friday 16th June, 2017.

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SWIMMING/AQUATIC CONSENT FORM

As a Parent/Guardian of _____ I, _____ give my consent for him / her to participate in Term 3 Swimming Program at Syndal Swim Centre and agree to delegate my authority to the Staff and Instructors involved.

Such Teachers and instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group or individual in the above-mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I am aware of the program for which my consent is requested. I submit the attached medical information about the above student and include details of limitations which he/she has for the activity concerned.

Signed: _____ Date: _____
Parent / Guardian

Personal Details

HOME ADDRESS: _____

PERSON TO BE CONTACTED IN AN EMERGENCY: _____

EMERGENCY PHONE NUMBER: _____

MEDICAL INFORMATION (This information can protect your child)

Name of Child: _____ School: **Essex Heights Primary School**

Medical condition		Further information or further instructions
ALLERGY (Particularly bee-sting allergy)	Yes / No	
BREATHING DISORDER (Particularly asthma)	Yes / No	
EAR DISORDER (Particularly drainage tubes or deafness)	Yes / No	
EPILEPSY (Whether mild or severe)	Yes / No	
FAINTING DIZZY SPELLS (Or other sudden loss of consciousness)	Yes / No	
OTHER RELEVANT INFORMATION	Yes / No	

The Directorate of School Education regards swimming as a strenuous activity. If your child is an **asthmatic**, he / she may require medication before and during swimming activities.

Please ensure your child has the necessary medication with them and that their class teacher is aware that they may need to use it. Parents of asthmatic children are requested to provide written consent for their children to participate in the programs including a statement that their doctor has no objection to the child's participation.



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COMPLETE FOR ASTHMATIC CHILDREN ONLY

CHILD'S NAME: _____ Class : _____

My child _____ may participate in the swimming program.

Medication required _____

My Doctor is _____
(name) (address)

Phone No _____ has no objections to my child participating in the swimming program.

Signature _____ Date _____

Emergency Telephone Numbers

Mother _____

Father _____