

Swimming Carnival 2023

13 December 2022

Dear Parents/Guardians,

The School's Swimming Carnival will be held at Roselands Aquatic Centre on Tuesday 7 February 2023. Given how early the carnival is in Term 1 next year, we are informing you of details now. This note will also be available on the website for your reference.

Any child in Year 2 in 2023 who is turning 8 in 2023 and can swim the length of the pool is also eligible to participate. Permission notes can be obtained from their teacher. Year 2 children can only attend if they are competing.

Arrival Time: 8.30am at school for Years 3-6 and students in Year 2 who will be competing

Approximate return time: 2.50pm

Cost: \$22 for return bus fare and pool hire.

Please return with the permission note by Friday 3 February 2023 (Term 1, Week 2). Please pay online or send correct money to the office. Fees in advance may be used if available.

Please note: payment cannot be made in the 2022 calendar year.

Uniform: Sports uniform, however t shirts in sporting house colour are also allowed (no singlet tops).

What to bring: sunscreen, hat, towel, swimming costume, cap, goggles & a plastic bag for wet items.

A canteen will be available for students to use at set times. As an alternative, students may bring a packed lunch.

We will not be running the 200m Medley on the day of the carnival. If your child is a very competitive swimmer in the medley event, please send your child's medley time in to Mrs McTackett at school prior to the carnival. This time needs to be signed and verified by a coach. Mrs McTackett will inform students if they have met the district qualifying time and will be eligible to compete in the event at the district carnival.

For children in Years 3 - 6 not competing in events, structured novelty events will be held at the shallow side of the pool if time permits. Due to safety reasons, there will be no free swim.

A medical form has also been sent home. Please return this form with the permission note overleaf. Please sign and return this with the permission note. Children who do not return their medical form will be unable to attend the carnival. This form will be retained at school and will cover all 2023 excursions.

NB: If someone other than yourself will be taking your child home, please indicate this in written form to the class teacher prior to the day.

Mrs McTackett
Sports Coordinator

Mrs Williams
Principal

Swimming Carnival 2023 Permission Slip

Please complete and return this form to the office by Friday 3 February 2023. Please do not return the form or make payment until the 2023 school year.

I hereby consent to my child/ward _____ of class _____
(please enter 2022 class) to travel by bus to Roselands Aquatic Centre on Tuesday 7 February 2023. Enclosed is \$22 for bus and pool hire or

Please tick if you are using fees in advance

Please tick if you are paying online Receipt number _____

ANY COMMENT FOR TEACHERS re allergies/medications etc-

I give permission for my child to receive medical treatment in case of emergency. YES / NO

Parent/care giver: _____ (please sign) Date: _____

Water or swimming activities – response

Response

In relation to the proposed structured aquatic activities (please tick response):

- My child is **permitted** to go in the water
 My child is **not permitted** to go in the water

Signed parent / care giver: _____ Date: _____

I have indicated above that my child is permitted to go in the water. They are (please tick response):

- A weak swimmer:** My child is comfortable and confident in shallow water but cannot swim very well
 An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water
 A strong swimmer: My child is a strong swimmer and is very confident in deep water

Signed parent / care giver: _____ Date: _____

Optional: House Swimming Cap purchase

Swimming caps labelled with house name and in house colour are also available for purchase. Please indicate if you would like to purchase a house swimming cap for your child. Caps are \$3 each.

Yes, I would like to purchase cap/s (please indicate quantity required) for my child who is in the following house:

Hakea

Telopea

Boronia

Banksia

I have enclosed _____ to cover the cost.

Signed: _____

(parent / care giver)

Medical Information Form

TO BE RETURNED TO CLASSROOM TEACHER BY FRIDAY 3 FEBRUARY 2023

The information provided on[date] by Lugarno School is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about[student name] who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Lugarno Public School.

It will be used by officers of the NSW Department of Education to assist planning to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting 9153 9843 _____

Student name: _____ Class: _____

Medicare number (optional) _____

Parent or caregiver contact details

Name:

Address:

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Home phone: Work: Mobile:

Doctor contact details

Name:

Address:

Doctor's telephone: 1. 2.

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact). Please note that both parents are contacted first so please do not put yourselves down as a contact.

1. Name: Phone:

Relationship to student

2. Name: Phone:

Relationship to student

PTO

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc). Outline the treatment for each.

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Outline special dietary needs including possible reaction to appropriate diet

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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

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Signature:

Date: