



Figtree Public School

Respect, Safety, Learning



Education

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Figtree 2525

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Figtree Public School 2021 Swimming Carnival

Dear Parents,

The school Swimming Carnival will be held on WEDNESDAY 10th FEBRUARY 2021 at Western Suburbs Pool at Princes Hwy &, Chapman St, Unanderra. The carnival will commence at **9:00am** and conclude at **12:00pm**. There will be no cost involved with this excursion.

ONLY COMPETITORS WILL ATTEND

Championship events will be held over 50m, in Freestyle, Breaststroke, Butterfly and Backstroke. Place getters in these events can proceed to district level and beyond. Open 100m Freestyle and 200m Medley will also be held depending on number of entrants and time.

Events over 25m will be held in Freestyle, Backstroke and Breaststroke for those students who cannot swim 50m. **IF YOU ENTER A 25M RACE YOU CANNOT ENTER A 50M RACE IN THE SAME STROKE.**

The carnival is open to any student who is turning 8 in 2021 and those students who are already 8 or older who can confidently swim these distances.

Students will walk to the pool under teacher supervision or you may transport your child to the pool and return them to school after the carnival. Please indicate below how your child will arrive at the venue.

Students walking from school will **need to be at school promptly at 8.20 am** so we can depart by **8.30am**. If you are transporting your own child, please **do not** arrive before **8.45am**. When you arrive at the pool, please report to the teacher at the entrance to have your child's name marked from the roll.

If you leave the carnival early, you must get your child's name marked off by a teacher. Please return your child to school after 12:15pm when there will be teachers available to supervise returning students.

Students should wear their swimmers under their uniform and wear hats and sunscreen. They should come prepared for all weather possibilities. Please ensure your child has a towel, underwear and plenty of water to drink. Recess will be eaten at the pool and lunch will be eaten on returning to school. Please note that the kiosk at Western Suburbs Pool will not be open.

We are seeking assistance from parents with time keeping and judging. If you can help, please indicate on the following page.

Please complete the permission note indicating level of participation, method of transport and swimming capability. **Permission notes should be returned by FRIDAY 5th FEBRUARY, 2021**

We're looking forward to a great swimming carnival to kick off the 2021 school year

Mrs Renai Lee

Swimming Carnival Co-ordinator

Mrs Tina Duffield

Relieving Principal

Figtree Public School Swimming Carnival 2021

Please return to school by Thursday 4th February, 2021

I give permission for my child _____ of class _____ to attend the Swimming Carnival on **Wednesday 10 February 2021**.

I understand that;

- Students will be walking to and from Western Suburbs Pool, Unanderra.
- COVID restrictions are in place and that although the pool will be closed to the general public, I am **able to attend** as a spectator. In doing this, I understand that I must engage in all sign in requirements and use the sanitiser provided
- I should keep a social distance from others using the four square metre rule indoors and the 1.5m rule outdoors
- I must avoid crowding and gathering around entry points, exit points, marshalling and toilet areas.
- If I am unwell or my child is unwell, we must not attend on the day and we should seek testing if exhibiting COVID symptoms.
- I am encouraged to keep abreast of all COVID information <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx>

In the event of an accident or illness, I authorise the obtaining on my behalf such medical assistance as my child may require.

I also authorise the administering of anaesthetic if it is deemed necessary by the Medical Officer attending.

Parent/Carer Name _____ Daytime Contact Number _____

Signature Parent/Carer _____ Date _____

My child can confidently swim 25m / 50m. (Please circle)

I will transport my child and return him/her to school _____ (please tick if applicable)

I will transport my child to the pool and they will walk back _____ (please tick if applicable)

I can assist with the running of the carnival _____ (please tick if applicable and print name) _____

Medical information form

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and is participating in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Figtree 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.

Student Name _____ Class _____ Medicare number _____

Parent/Carer contact details

1. Name _____ Phone _____

2. Name _____ Phone _____

Emergency contact(s) details (nominated by the parent/carers as alternate contact)

1. Name: _____ Phone _____

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

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

Signature Parent/Carer _____ Date _____