



# Figtree Public School

*Respect, Safety, Learning*



Education

Gibsons Road  
Figtree 2525  
Phone: 4271 6888

Figtree-p.school@det.nsw.edu.au

## Figtree Public School 2022 Swimming Carnival

Dear Parents and Carers,

The Swimming Carnival will be held on **THURSDAY 10<sup>th</sup> FEBRUARY 2022** at Western Suburbs Pool. The carnival will commence at noon and conclude at **3:00 pm**. There will be no cost involved with this excursion.

### **ONLY COMPETITORS WILL ATTEND**

The carnival is open to students who are turning 8 or older in 2022 and can confidently swim 25m or longer.

50m Championship events in Freestyle, Breaststroke, Butterfly and Backstroke will be held. Place getters in these events can proceed to the District level and beyond. The Open 100m Freestyle and 200m Medley events will only occur if time allows and entrants wish to participate.

25m races in Freestyle, Backstroke and Breaststroke are available for those students who cannot swim 50m.

***IF YOU ENTER A 25M RACE, YOU CAN NOT ENTER A 50M RACE IN THE SAME STROKE.***

### **TRANSPORT**

Students will travel from Figtree Public School to Western Suburbs Pool by bus. Students will leave Figtree Public School at 11:45 am. The school will pay for this transport.

At 3:00 pm, students will either:

- Return to Figtree Public School at 3:15 pm via bus (in time to catch afternoon buses home).
- Leave Western Suburbs Pool with a parent or caregiver.
- Be granted permission to leave Western Suburbs Pool with another parent or caregiver.
- Be collected from Western Suburbs by the OOSH bus to attend after school care.

If you leave the carnival early, you must get your child's name marked off by a teacher.

### **COVID RESTRICTIONS**

To keep the Swimming Carnival COVID safe, each family of students attending the carnival are allowed two spectators to attend. Spectators are asked to QR code into the venue, wear a mask where possible, maintain social distancing and gather in a separate area to staff and students. Spectators can sit in the covered area between the 25m and 50m pools.



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## REMINDER

Students should wear their swimmers under their uniform, wear hats and sunscreen. They should come prepared for all weather possibilities. Please ensure your child has a towel, goggles, swimming cap, underwear and plenty of water. While students will eat lunch at school, please pack recess to eat at the pool. Note that the kiosk at Western Suburbs Pool will not be open.

## VOLUNTEERS

We are seeking assistance with timekeeping and judging.

Complete the attached permission note and indicate if you can help on the day.

**Please return the signed permission note no later than MONDAY 7<sup>TH</sup> FEBRUARY, 2022.**

*If you can swim, then please join in!*

We are looking forward to a fantastic swimming carnival to kick off the 2022 school year.

Mrs Carly Calderaro & Mrs Renai Lee

Swimming Carnival Co-ordinators

Ms. Melissa Harding

Principal

# PERMISSION NOTE

## Figtree Public School Swimming Carnival 2022

*Please return to school by Monday 7th February, 2022*

I give permission for my child \_\_\_\_\_ of year \_\_\_\_\_ to attend the Swimming Carnival on Thursday 10th February 2022.

I understand that:

- Students will travel by bus to Western Suburbs Pool, Unanderra.
- COVID restrictions are in place. Only two spectators per family may attend.
- I should keep a social distance from others using 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.

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)**

**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:**

- My child will return to school by bus \_\_\_\_\_ (please tick if applicable)
- My child will leave the pool with a family member \_\_\_\_\_ (please tick if applicable)
- My child has permission to leave with another parent \_\_\_\_\_ (please tick if applicable)  
Name of parent taking my child home: \_\_\_\_\_
- My child will leave the carnival by the OOSH bus. I HAVE INFORMED OOSH CARE THAT MY CHILD IS ATTENDING THE CARNIVAL AND WILL NEED TO BE COLLECTED FROM THE POOL. \_\_\_\_\_ (please tick if applicable)

**VOLUNTEERS:**

- I can assist with the running of the carnival \_\_\_\_\_ (please tick if applicable)

## MEDICAL INFORMATION

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 \_\_\_\_\_