



# Figtree Public School

*Respect, Safety, Learning*



Education

Gibsons Road  
Figtree 2525  
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Figtree-  
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31 October 2022

## School Swimming and Water Safety Program 2022

Dear Parents and Carers

Your child has been invited to participate in swimming and safety lessons at Berkeley Pool. All children in **Year 2, Year 3 and Year 4** who can not swim 25m confidently in deep water are able to attend. Qualified swimming instructors run the lessons. Spots are limited, so please return permission slips and and make payment as soon as possible to guarantee a position for your child.

Where	Berkeley Pool, Berkeley, NSW 2506
Teachers	Mrs Kynes and Ms Calderaro
When	Monday 28th November – 9th December, 2022 (Weeks 8 and 9)
Leaving from	Figtree Public School
Transport details	Students will travel by bus
Leaving school promptly at	12.45 pm daily
Swimming Lesson	1.15 - 2.00pm
Return to school	Approximately 2:30pm
Cost of transport- bus	\$30.00 to cover the cost of the bus ( <b>this is heavily subsidised by school funds</b> ). The actual swimming lessons are free.
Students should wear/bring	Students need to wear their school uniform and footwear each day, as normal. A more detailed note will be sent home later in the term before the program begins.
Payment methods	Permission notes and payments must be received by Friday 18 November 2022. Cash should be placed in an envelope marked with your child's name, class and 'DoE School Swimming and Safety Program' clearly written on the front. POP (Parent Online Payment for students only) <a href="http://www.figtree-p.schools.nsw.edu.au">www.figtree-p.schools.nsw.edu.au</a> and use 'Make a Payment'.

**Please use the title on the top of the note as Ref. or Invoice Number. Please write your POP receipt number on the permission note.**

Kind regards  
Valentina Kynes

Melissa Harding  
Principal

**SCHOOL SWIMMING & WATER SAFETY PROGRAM**

Please return to school by Friday, 18th November, 2022

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the Department of Education School Swimming & Water Safety Program at Berkeley Pool from Monday 28th November to Friday 9th December, 2022.

I understand travel is by bus and the cost is \$30.00.

- I enclose \$30.00 as payment or
- I have paid by POP. My POP Receipt number is \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_