



Figtree Public School

Respect, Safety, Learning



Education

Gibsons Road

Figtree 2525

Phone: 4271 6888

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

Figtree Public School 2020 Swimming Carnival

Dear Parents,

The school swimming carnival will be held on MONDAY 3rd FEBRUARY 2020 at Western Suburbs Pool. 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 children 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 child who is turning 8 in 2020 and those children who are already 8 or older who can confidently swim these distances.

Children 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.

Children 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**. As they arrive at the pool they must have their names marked on the roll.



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PLEASE RETURN THIS PERMISSION NOTE AND THE MEDICAL PERMISSION NOTE AS SOON AS POSSIBLE

FIGTREE PUBLIC SCHOOL 2020 SWIMMING CARNIVAL

Child's Name _____

2019 Class _____

Age turning in 2020 _____

☐ give permission for my child to attend Western Suburbs Pool, Unanderra, on Monday 3rd February 2020

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

Signed _____

Date: _____

TRANSPORTATION ARRANGEMENTS

Please tick the transport arrangement for your child:

1. My child will walk to and from the pool under teacher supervision ☐

☐ 2. I will transport my child to the pool and return my child to school at the conclusion of the carnival ☐

3. I will transport my child to the pool and they will walk back to school under teacher supervision ☐

SWIMMING CARNIVAL ASSISTANCE

I can assist with the running of the carnival ☐

Parent/Care giver name: _____

FIGTREE PUBLIC SCHOOL SWIMMING CARNIVAL – 3.02.2020**Please return to school by Monday 16th December 2020.**

I give permission for my child _____ of class _____ to attend the excursion to Western Suburbs Pool on **Monday 3rd February 2020**.

I understand travel is by walking from school or private transport.

In the event of 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 _____