



No. 4314

Chatham Primary School

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2017 INTENSIVE SWIMMING PROGRAM – PREP TO YEAR 4 STUDENTS

Dear Parents/ Guardians,

The School's Intensive Swimming Program will run for the last two weeks of this term. This intensive program is an integral part of the Physical Education Program. With the recent introduction of the Victorian Curriculum there is a heightened recognition of aquatic education across all levels. Students are to develop confidence in the water, water safety and awareness, an understanding of their own body and its movements when in the water, and aquatic vocabulary.

LOCATION:- Kew Recreation Centre, High Street, Kew
DATE:- Monday 11th September - Thursday 21st September
COST:- \$125.00 per student - (non-refundable)
 Covers daily bus transport to and from the pool, pool entrance & tuition
 Please contact the office for the cost if your child is only attending for one week.

LESSON TIMES:-

| | | | |
|---------------|-----------|-------------|-----------|
| 9:30 - 10:10 | PSJ & 2KH | 1:00 - 1:40 | 3TC & 4JW |
| 10:10 - 10:50 | PMO & PVS | 1.40 - 2.20 | 3KB & 4KM |
| 10:50 - 11:30 | 1LM & 2SH | 2:20 - 3:00 | 3CC & 4MB |
| 11:30 - 12:10 | 1FH & 2MY | | |

Please ensure that students come prepared for their swimming days. Students need to make sure that they wear their bathers and bring their towel, goggles and underwear clearly named in a separate bag. They need to bring sandals or thongs to wear to the pool. Teachers will remind students to put these on before getting on the bus. Any students with long hair will need to have it tightly tied back and a swimming cap is a good idea. No valuables, including money, are to be taken to the pool.

Forms and money must be returned to school by Friday 1st September 2017. If you have any concerns regarding payment, please see the Principal to discuss the matter, as we wish for all students to have this swimming experience. Please complete attached Medical Information form noting any medical condition or comments that you feel could be relevant to your child participating in this swimming program.

CHRIS MOORE - PHYS ED CO-ORDINATOR

ROD MCKINLAY - PRINCIPAL



Please complete both forms and return them with the money to school by Friday 1st September 2017

2017 INTENSIVE SWIMMING PROGRAM

CHILD'S NAME: _____ **Class:** _____

My child will / will not be participating in the school swimming program (Cross out the one not applicable)
Please find enclosed payment of \$_____ via :

Please tick: Cheque Cash QkR **NO DIRECT DEPOSITS PLEASE**

Credit Card: Please debit my Mastercard Visa Card **Expiry Date:** __/__/__

| | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Card Holders name: _____ Signature: _____

Please note that if you are paying by credit card you will incur a 1% administration fee

Confidential Medical Information for School Swimming Program



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The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the DET is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: Chatham Primary School Swimming Program 2017
Date(s): 11th to 21st September 2017

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Phone:

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor: _____

Address of family doctor:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? Yes No If yes, ambulance number:

Please tick if your child suffers any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma (if ticked complete Asthma Management Plan) | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |

Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

- | | | |
|---|--|---|
| <input type="checkbox"/> Cannot swim (0m) | <input type="checkbox"/> Weak swimmer (<50m) | <input type="checkbox"/> Fair swimmer (50-100m) |
| <input type="checkbox"/> Competent swimmer (100-200m) | <input type="checkbox"/> Strong (200m+) | |



Allergies

Please tick if your child is allergic to any of the following:

Penicillin Other Drugs: _____

Foods: _____

Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian: (named above) _____

Date: _____

The DEECD requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.