

**SCHOOL SWIMMING SCHEME**

Excursion/Activity:	School Swimming Scheme
Venue:	Toronto Indoor Pool
Date:	<b>11<sup>th</sup> September – 22<sup>nd</sup> September 2023</b>
Students involved:	Year 2, 3, 4, 5 & 6 (Priority given to lower swimming ability)
Costs of excursion is:	<b>\$80.00</b> (Bus & Pool entry)
Departure:	11:30am
Return:	Approximately 1:30pm
Travel will be by:	Bus
Supervision will be by:	Mrs Adam & other selected staff who are trained in CPR
Please provide	Swimmers, towels, goggles & water bottle
Uniform	Full school uniform

**Privacy advice**

The NSW Department of Education is collecting the information requested on this form. The information 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 who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction Blackalls Park Public School.

The school will use this information to plan, support students, and minimise risks when conducting the school excursions or other related 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 planning or delivering the excursion, sporting or other school activity; and persons that may be called on to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested, your child cannot participate in the excursion. 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.

You may correct any personal information provided at any time by contacting the school office on 49591213.

**Medical Disclaimer**

Parents, please note there is no personal injury insurance cover provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether additional cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

NSW Department of Education Consent Statement: I acknowledge that this event/activity is required to be held in accordance with any current NSWHealth COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

## 2023 School Swimming Scheme

**Please return to the office ASAP with the \$20 deposit to secure a place. Only 60 places available**

- I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the 2023 School Swimming Scheme from 11th September to 22th September, 2023. I understand travel will be by bus.
- I have enclosed my **\$20.00** deposit to secure my position in the Swimming Scheme program.
- I have enclosed full payment of **\$80.00** for the Swimming Scheme program.

OR

- I have made an online payment. My receipt number is \_\_\_\_\_

*This excursion has the approval of the Principal.*

***Deposit must be paid by Friday 31<sup>st</sup> August.  
(unless 60 places are filled before this date.)***



### **Declarations by parent/carer:**

Please complete the information below (Mark one box only and leave all the others blank.)

1. In relation to the proposed swimming activities, I advise that my child is a:

- Non-swimmer:** My child is not able to swim.
- Weak swimmer:** My child is not a confident swimmer or is not comfortable in the water.
- Average swimmer:** My child is a reasonable swimmer but is not very strong or confident in deep or fast water.
- Strong swimmer:** My child is a strong swimmer and is very confident in deep or fast water.

**N.B. Priority will be given to students with lower swimming ability**

My child has the following medical condition/s, allergies which may require attention on this excursion:

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Treatment required:

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Signed: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_ Mobile: \_\_\_\_\_