



## Activity Consent Form – Yr 3-6 Swimming Program

29 July 2019

Dear Parent/Carer

On Thursday 29 August, we will be conducting the Birkdale South State School Swimming Program as part of our Physical Education program offered at our school. This program will include students from Year 3-6.

The aim of the program is to provide water safety and swimming stroke development training.

### Activity details:

The Birkdale South State School Swimming Program will be conducted over the last four weeks of Term 3 (commencing Thursday 29 August) at Chandler Indoor Aquatic Centre. The program will conclude with our annual Inter-House Swimming Carnival, proposed for the first week of Term 4 at Birkdale State School swimming pool.

Costs associated with this program are subsidised at a nominal cost by Education Queensland and a family contribution is vital to ensure this program is conducted.

**PROGRAM:** Children will undertake instruction in stroke development and water safety. Swimming instruction will be delivered by qualified swimming instructors from Aquatic Achievers. Each class will receive 8 lessons (2 lessons per week) during weeks 7, 8, 9 and 10. Swimming days will be Thursdays and Fridays.

**VENUE / TRANSPORT:** All children will travel by charter bus with seatbelts to and from the Chandler Indoor Aquatic Centre. We will be utilising both the indoor heated 25m pool and the indoor 50m pool.

**DRESS/EQUIPMENT:** Full school uniform to be worn. Togs (one piece only, no bikini style) may be worn underneath our school uniform if students are swimming in the first session of the day. All remaining classes will change at school prior to departing on the bus. There will be active, gender balanced staff supervision while students change. Board shorts that are below the knee are not suitable for the successful acquisition of swimming skills. All children must wear goggles. A separate swimming bag is required for towel and wet gear. Children with long hair must tie it back in a plait. All children will be provided with a swimming cap prior to the start of the swimming program. All children must wear a swim shirt or t-shirt during swimming lessons. These shirts should be close fitting to minimise drag whilst swimming.

**CHILDREN NOT SWIMMING:** All children are expected to attend swimming unless notification is received of a medical condition. If your child is not to swim on a particular day, we expect a note from parents to explain their absence. All children will travel to the pool with their class.

**SAFETY REGULATIONS:** For safety reasons, children must follow all instructions given. Defaulters will be removed from the class for that day. Each lesson will be conducted by qualified swimming instructors with current first aid and CPR. Students are excluded from any swimming activity if they suffer from infections, suppurating sores or suspected contagions. Children must secure or remove any loose apparel, jewellery and other ornaments that may cause injury to themselves and/or other participants. Children must secure long hair if it is likely to impair vision or breathing or become entangled in the equipment.

**ACTIVITY COSTS:** The cost of this activity is \$60 for 8 lessons which includes transport to and from Chandler Indoor Aquatic Centre as well as transport to and from Birkdale State School for the swimming carnival in Term 4.

# Activity Consent Form – Yr 3-6 Swimming Program

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages (including this page) to:

Please complete the attached consent form and return to the office no later than Thursday 22 August.

For further information about the activity, please contact Dean Johnson on 3820 4333 or [administration@birksdalesouthss.eq.edu.au](mailto:administration@birksdalesouthss.eq.edu.au).

Yours sincerely

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**Linda Knight**  
Principal  
Birkdale South State School

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**Dean Johnson**  
PE Coordinator  
Birkdale South State School

**Privacy notice**

*The Department of Education is collecting the personal information requested in this form in order to:*

- *obtain lawful consent for your child to participate in the activity;*
- *help coordinate the activity;*
- *respond to any injury or medical condition that may arise during, or as a result of the activity; and*
- *update school records where necessary.*

*The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth).*

*The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.*

# Activity Consent Form – Yr 3-6 Swimming Program

<b>ACTIVITY:</b> Yr 3-6 Swimming Program	Child's Name _____	Class _____
<b>DATE:</b> 29 August 2019 to 20 September 2019		
<b>PAYMENT DUE:</b> Thursday 22 August 2019		

## Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

## You may also wish to update/provide the following optional information\*:

Name of child's medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_ Membership No.: \_\_\_\_\_

\*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

I would like this additional information about my child's medical information to be recorded in OneSchool records.

## Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

## Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child, \_\_\_\_\_ in \_\_\_\_\_, to participate in the 3-6 Swimming Program on 29 August 2019 to 20 September 2019.
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on registration/enrolment and where relevant have updated this information.

Enclosed is my cash payment for the excursion. \$60

Please use the credit on my child's account to pay for the excursion (**note: only if you have a pre-paid credit**)

I have made this payment by the Internet using Student Reference Code: \_\_\_\_\_ and reference code: Swimming

I have made this payment by BPoint on \_\_\_\_\_ (date)

Credit Card (must be paid in person at the office)

Parent/Carer Name: \_\_\_\_\_ (Please Print)

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_