WATER SAFETY DAY – 7th December 2015

Dear Parents and Guardians,

The Annual Swimming Carnival will be held in Term 1, 2016. The day will offer children a variety of swimming events for both their House Competition and to select the children who will represent the school at the Annual District Swimming Carnival in all of the stroke events.

Due to strict DEC regulations regarding water based activities, individual tests need to be held every 12 months to ascertain children’s safety around water BEFORE an activity such as the Swimming Carnival can be held.

The WATER SAFETY DAY is compulsory for all children wishing to attend the Swimming Carnival in 2016. The day will encompass water safety lessons, instructions and testing. Any child who is deemed to be unsafe in the water will be unable to attend the swimming carnival in 2016. These changes have been put in place by NSW Department of Education and Communities in conjunction with Royal Life Saving Society of New South Wales, New South Wales Sport and Recreation, Association of Independent Schools and the Catholic Education Commission in response to the NSW Deputy State Coroner’s Inquest to ensure the safety of all children in NSW schools.

The test will involve: slide in entry, balanced walk, 25m swim (dog paddle), float/tread water for one minute, unassisted exit from the pool, and a voice rescue. The children will be instructed in each activity and given ample practise time. A pool employed life guard will be on duty throughout the testing. If you feel your child will not be able to safely complete any of the above activities or will not be attending the carnival, please complete the slip indicating so. For all other students wishing to participate, please fill in the permission note and Medical Information form and return them to school.

The Water Safety Day will commence at 10.30am and children will travel to Warragamba Pool by bus. The students will need to be at school by 9.30am they will return within school hours.

Children will require swimmers, towel, hat, sun screen and sports uniform. Lunch and Morning Tea should be packed, a limited canteen will be available run by the pool. All children in years 1* – 5 are invited to participate. (*turning 8 in 2016)

Please complete the permission note on the following page and the Medical Information note and return them to the office along with the $10, by Thursday 3rd December, 2015.

Mrs S Crouch
Principal

Ms M Watling
Assistant Principal

Please sign if applicable -

☐ My child will NOT be participating in the Water Safety Day. I understand that my child will not be eligible to attend the 2016 Swimming Carnival.

Child’s Name ____________________________________              Class ____________

Parent signature: ___________________________Parent Name ___________________________ Date: ____________
THE OAKS PUBLIC SCHOOL
WATER SAFETY DAY 2015

Child’s Name ____________________________ Class ___________________

He/she suffers from the following medical condition - NIL ( ) PLEASE TICK

.................................................................................................................................................

Treatment is: ....................................................................................................................... 

SWIMMING Ability
My child’s swimming ability is:
☐ Non Swimmer  ☐ Requires help

Students that are ‘non swimmers’ or ‘requires help’ may be unable to attend the carnival if they are deemed unsafe through the water safety testing. They will bring a note home from the testing detailing which skill they require additional guidance in.

☐ Can swim a little  ☐ Confidently able to swim 25m
☐ Confidently able to swim at least 50m  ☐ SWIM CLUB/ SQUAD MEMBER

PARENT SIGNATURE: ____________________________  DATE: ____________

Water Safety Day Permission Note
7th December, 2015

I give permission for my son/daughter __________________________ of Class ______________ to attend The Water Safety Day to be held at Warragamba Pool on Monday, 7th December 2015.

☐ I have enclosed $10.00 as payment for bus and pool entry.
☐ I understand travel will be by bus to and from the pool.

___________________      _________________________     ____________
Parent Name  Parent Signature  Date
**MEDICAL INFORMATION FORM**

The information requested below will help to provide the best possible care of your child.

- Providing this information is not obligatory, but its absence may prevent your child from participation;
- It will be used to minimise risks associated with this excursion;
- It will be seen only by those persons providing health care treatment;
- It will be stored securely and destroyed after the legal time limit has expired

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### Student Name: ____________________________  Class: ________________

### Parent or Caregiver Contact Details

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Address: ______________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone: ______________</td>
<td>Work: ______________ Mobile: ______________</td>
</tr>
<tr>
<td>Medicare Number: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

### Doctor Contact Details

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Address: ______________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Telephone: 1. ______________</td>
<td>2. ______________</td>
</tr>
</tbody>
</table>

### Emergency Contact/s Details (nominated by the parent/caregiver as alternate contact)

1. Name: ____________________________ Phone: ______________
2. Name: ____________________________ Phone: ______________

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List existing **medical conditions or illnesses** (including asthma, diabetes, epilepsy, allergies, etc). Outline the treatment for each.

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Outline special dietary needs including possible reaction to inappropriate diet

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Medication/s to be administered during the excursion. Include name of medication for administration, time of administration and any possible reactions

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Signature: ____________________________ Date: ______________