



Dear Parents/Caregivers

2023 Cottesloe Beach In-Term Swimming Lessons: 1 February to 10 February

The Year 5 and 6 students will be attending In-Term Swimming Lessons at Cottesloe Beach from Wednesday 1 February to Friday 10 February. Swimming Stages 1-15 will be catered for and examined. This is a normal school sport activity and ***all students are expected to attend*** unless they have a medical reason that precludes them from swimming. All classes will depart from and return to Applecross Primary.

<i>2023 Cottesloe Beach In-Term Swimming Lessons Schedule</i> <i>Term 1 Week 1/2 (1/2/23-10/2/23)</i>					
<i>GROUP</i>	<i>ROOM NUMBERS</i>	<i>YEAR LEVELS</i>	<i>DEPART SCHOOL</i>	<i>LESSON TIME</i>	<i>ARRIVE SCHOOL</i>
1	TBC	5 & 6	11:15am	12:00-12:40pm	1:25pm
2	TBC	5 & 6	12:00	12:45-1:25	2:15pm

The cost of the swimming lessons will be calculated once we have confirmed final attendance numbers at the start of Term 1 next year and a payment form will be sent home with your child in the first week of Term 1 2023.

Please return the following completed forms clearly labelled, by **Friday 9 December 2022 to the locked box in the office:**

- Parent Permission Form
- In-Term Swimming Enrolment Form
- Water Based Excursion Form

Yours sincerely

Antionette Soraci
Deputy Principal
28 November 2022

Parent Permission Form

Year 5 and 6 In-Term Swimming Lessons 2023

Where: Cottesloe Beach

When: Wednesday 1 February to Friday 10 February 2023

Time: Group 1: 12:00-12:45pm
Group 2: 12:45-1:25pm

Please sign and return this permission form to the school office before Friday 9 December.

I have signed and completed the **In-Term Swimming Enrolment Form and Water Based Excursion Form**. I have read and understood the information regarding the excursion to Cottesloe Beach from Wednesday 1 February to Friday 10 February 2023 and give consent for my child to attend swimming lessons at Cottesloe Beach **travelling by bus**.

Child's Name: _____ **Room Number:** _____

Signed: (Parent/Guardian) _____ **Date:** _____

Phone Number: _____

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.



Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age _____ School _____
(Full Name PRINT BLOCK LETTERS)

Room Number _____ permission to attend Department of Education's Interm Swimming classes at _____

Commencing on ____ / ____ / ____ Enclosed is payment of \$ _____ (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability*** that may affect his/her safety, or require the school to provide learning adjustment? **NO** **YES** Please provide further information below if necessary**

Please provide details of medication currently being taken (if applicable): _____

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities) **IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL**

**Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.*

***If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.*

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary

Stage Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
3. Preliminary	11. Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12. Snr Swim & Survive/ Surf Stage 12
5. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
6. Junior	14. Accompanied Rescue/ Surf Stage 14
7. Intermediate	15. Bronze Star (pool only)

My child is going for Stage Number

Unsure please grade

My child has attempted this 'going for' stage three times in Department of Education classes without passing
Please attach copies of last three (3) Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)

APPLECROSS PRIMARY SCHOOL

CONSENT FOR WATER-BASED EXCURSION



APPLECROSS
PRIMARY SCHOOL

STRICTLY CONFIDENTIAL

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Student details

Student's name _____ Date of birth _____

Parent or guardian's full name _____

Address _____ Postcode _____

Telephone – mobile _____ Telephone - work _____

Telephone - home _____

Name of family doctor _____ Telephone _____

Medicare number _____

The excursion will involve water based swimming activities.

Please indicate your child's swimming ability

- | | | |
|---------------------|--|---|
| 1. Beginner | 7. Intermediate | 13. Wade Rescue/Surf Stage 13 |
| 2. Water Discovery* | 8. Water Wise* | 14. Accompanied Rescue/Surf Stage 14 |
| 3. Preliminary | 9. Senior | 15. Bronze Star (pool only) |
| 4. Water Awareness* | 10. Junior Swim and Survive*/Surf Stage 10 | |
| 5. Water Sense* | 11. Swim and Survive*/Surf Stage 11 | My child has achieved Stage number: <input type="text"/> |
| 6. Junior | 12. Senior Swim and Survive*/Surf Stage 12 | Date achieved _____ |
| | | I am unsure. Please assess my child: <input type="text"/> |

* Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

Medical details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes No

If "yes", give details:

Please turn over /...

Is your child allergic to:

Penicillin	<input type="checkbox"/>	Give details	_____
Any other drug	<input type="checkbox"/>	Give details	_____
Any food	<input type="checkbox"/>	Give details	_____
Any insect stings	<input type="checkbox"/>	Give details	_____
Other	<input type="checkbox"/>	Give details	_____

Is any special care required?

Yes No

If "yes", give details:

Tetanus vaccination:

Yes No Don't know

Medications

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.
Is your child presently taking tablets and/or other forms of medication?

Yes No

Does your child self-administer the medication?

Yes No

If 'yes', give details (dosage, frequency, name of medication and reason for use):

Does your child have a current Health Care Authorisation Plan at school?

Yes No

CONSENT

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent/guardian _____ Date _____