



39 Ritchie Road
Pallara Qld 4110
P: (07) 3727 4222
E: admin@pallarass.eq.edu.au
www.pallarass.eq.edu.au

12/03/2024



SWIMMING PROGRAM - TERM 2 2024

Dear Parents/Caregivers,

Each year, our school delivers a swimming program for students in Years 1, 3 and 5. This meets the requirement of the Queensland Government's expectations for providing swimming lessons to all students across each juncture of their schooling. *Participation in the program by students is not compulsory; however, it is highly recommended given the nature of our climate in Queensland and the importance of personal safety for our children in and around water.*

The lessons will take place at **Stanford Swim School** in Forest Lake, with qualified instructors teaching the lessons. Students who do not participate will remain at school supervised by a staff member, where they will be revising current curriculum work.

The Year 5 swimming program will take place over 6 days from **Monday to Wednesday in Weeks 2 and 3**. These dates include **April 22nd, 23rd, 24th (Week 2) and April 29th, 30th, May 1st (Week 3)**.

The lessons are 45 minutes in duration and students will travel by bus to and from the complex each day with their class teachers and additional support of our Teacher Aides at the venue.

The combined cost of buses and lessons will be **\$50 per student**. This is a reduced cost, as it has heavily subsidised by the school and the Department of Education. Below is a list of what students will need to bring in a separate bag each day for their swimming sessions. All items must have your child's name to reduce lost property.

- Swimming togs (Preferably not blue, as this is the colour of the pool)
- Swimming cap
- Shirt that can get wet (for wearing over togs to and from the venue)
- Towel
- Goggles (optional but recommended)
- Carry bag / shopping bag
- Wet shoes (thongs/slides)
- Underwear for school

Students will be getting changed at school before and after swimming.

Please complete all attached forms and hand them to your child's teacher to give your child permission to attend these swimming lessons. You will be invoiced via email for **\$50** for the lessons. Only those families who have PAID IN FULL and returned all forms will have their children participate in this program.

Final payments are due no later than Wednesday 10th of April 2024. Please not that this date falls in the Easter Holidays and no late payments will be accepted beyond the 10th of April including BPoint payments. **Refunds will not be available** as costs have been calculated on student numbers.

We look forward to a great program!

Regards,

Steven Albert
HPE Teacher

Kimberley Nicholls
Deputy Principal

Pallara SS Swimming Program 2024

Permission & Medical Form

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 of Education, Training and Employment does not have personal accident insurance cover for students.

- I give consent for my child, _____ (print child's name) in class _____ (print class details), to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

Additional medical information

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

You may also wish to provide the following information*:

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if provided): _____ Membership No.: _____

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

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

Privacy Notice

The Department of Education and Training (DET) 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 s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

Please note that the Department of Education and Training does not have personal accident insurance cover for 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 be 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.



Queensland Government

Uncontrolled copy. Refer to the Department of Education and Training Policy and Procedure Register at <http://ppr.det.qld.gov.au/> to ensure you have the most current version of this document.

Water safety action statement

A plan to ensure every Queenslander has the information and support they need to be safe in and around water.



SCHOOL SWIMMING PRE-PROGRAM SURVEY

STUDENTS NAME:

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SCHOOL:

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SCHOOL GRADE

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To assist with planning for our upcoming school swimming program, please complete the survey below regarding your child's swimming ability. **Please TICK ✓ your answer.**

To the best of your knowledge:

1. Has your child ever completed formal swimming lessons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. How recently did your child complete formal swimming lessons?	CURRENTLY <input type="checkbox"/>	PREVIOUSLY <input type="checkbox"/>	NEVER (go to Q5) <input type="checkbox"/>
3. What level of formal swimming lessons are/did your child complete?		
4. Which Swim School did/is your child attending?		

5. Can your child complete the following? Please TICK ✓ your answer.

Walk independently in the water?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Submerge (go under the water)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Float on their back?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Swim unaided (with feet off the bottom of the pool)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Swim unaided a distance of 25 metres.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

6. Which (if any) of the following swim strokes can your child complete? Please TICK ✓

Streamline/ Rocket Arms

Kicking on back

Freestyle

Backstroke

Breaststroke

Butterfly

7. Does your child have any fears or anxieties about being in, around or under water? If so, please provide details.

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8. Please list any relevant medical issues which may affect your child's school swimming experience.

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PARENT'S NAME:

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SIGNATURE

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DATE:

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