

Yarra Glen Primary School
FOUNDATION - GRADE 2 SWIMMING
PROGRAM 2017

Dear Parents,

Our 'Learn to Swim' Swimming Program is an integral part of the Health and Physical Education curriculum. The program caters for the many different ability levels and focuses on water familiarisation, water safety and swimming stroke techniques.

DETAILS:

VENUE- Jack Hort Memorial Indoor Swimming Pool at the Healesville High School.

DATES- The five day program runs on:

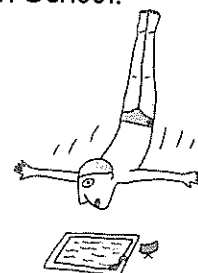
Monday 20th November, 2017

Tuesday 21st November, 2017

Wednesday 22nd November, 2017

Thursday 23rd November, 2017

Friday 24th November, 2017



MODE OF TRANSPORT- Bus to and from the pool.

COST- Total cost per student is \$60.

Please ensure you have returned permission form, medical form and finalised payment by **Monday 13th November.**

Many thanks
Junior School staff

FOUNDATION - GRADE 2 SWIMMING PAYMENT

STUDENT'S NAME: _____ **GRADE:** _____

I have enclosed \$60.00.

Parent's/Guardian's signature _____

Please fill out the details below if you would like to pay \$60 by credit card

I authorise Yarra Glen Primary School to deduct the amount of \$60 from my credit card detailed below.

NAME ON CARD:SIGNATURE:

VISA / MASTERCARD EXPIRY DATE: /

CARD NO:

DATE:

CONTACT PHONE: (Business Hours)



**FOUNDATION - GRADE 2 SWIMMING
PROGRAM, 2017
PERMISSION FORM**

I give permission for my childin Grade
to attend the swimming program at the Jack Hort Memorial Indoor Swimming Pool, 10
Camerons Rd, at Healesville High School on the following dates. - Monday 20th
November, Tuesday 21st November, Wednesday 22nd November, Thursday 23rd
November & Friday 24th December, 2017.

I authorise the teachers in charge to consent, where it is impracticable to communicate
with me, to my child receiving such medical treatment as deemed necessary.

Signed: Parent/Guardian Date...../...../2017

Telephone no. where I can be contacted on swimming days-.....

If your child has a medical condition that may affect their ability to swim or their
general safety, please advise below:

.....

Foundation - 2 Swimming Parent Helper Reply Slip

Child's Name - Grade

Name of person- Contact ph. number-.....

Please tick any days you are able to help. This means you will travel to and from the pool on
the bus from approx. 10:30 a.m. - 1:30 p.m. or 11:30 a.m.-2:30 p.m. Please note that you must
have a current Working with Children Check to do this.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

*NB - If you have toddlers, please feel free to drive yourself to the swimming pool as we are unable to
take toddlers on the bus.



SYMONDS STREET
YARRA GLEN 3775

Phone: 9730 1254
Fax: 9730 1501

Email: yarra.glen.ps@edumail.vic.gov.au
Web: ygps@vic.edu.au

Principal: Ms A DiGiacomo

Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: Foundation – Grade 2 Swimming Program 2017
Date(s) : 20 to 24 November 2017

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

Business hours

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor:

Address of family doctor:

Phone number:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? Yes No If yes, ambulance number:

Is this the first time your child has been away from home? Yes No

Please tick if your child is living with any of the following health conditions:

- Asthma (if ticked complete Asthma Management Plan)
 Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
 Bed wetting Blackouts Diabetes Dizzy spells Migraine

Heart condition Sleepwalking Travel sickness Fits of any type

Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

Cannot swim (0m) Weak swimmer (<50m) Fair swimmer (50-100m)
 Competent swimmer (100-200m) Strong (200m+)

Allergies

Please tick if your child is allergic to any of the following:

Penicillin Other Drugs: _____

Foods: _____

Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____
 (Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) _____

Date: _____

The Department of Education and Training requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.