

Jesmond Public School

Diversity Opportunity Success

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Dear Parent / Caregiver,

A Department of Education School Swimming and Water Safety Program has been organised for all Years 3-6 students. Information is as follows:

Excursion activity:	The Department of Education School Swimming and Water Safety Program is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival. The Program is conducted over ten days. Each daily lesson is 60 minutes.
Venue:	Arnold's Swim Centre at The Junction (an indoor pool)
Date:	Daily from Monday 23 rd May 2022 to Friday 3 rd June 2022
Classes involved:	All students from Years 3-6
Cost:	FREE Mrs Kelly has organised for the school to fund these lessons through a School Swimming & Water Safety Grant. The school will be covering the cost of the bus.
Organisation:	Years 3 – 6 students will be organised into two groups. Group 1 (Stage 2) will leave school at 11.45am and return to school at approximately 1.45pm. Group 2 (Stage 3) will leave school at 12.15pm and return to school at approximately 2.55pm. Students will participate in 10 x 60 minute swimming lessons across the 2 weeks.
Travel will be by:	Students will travel by bus.
Please provide:	Swimmers/swimming costume, towel, goggles (optional), a plastic bag, underwear and a rash shirt/T-shirt. Students are to wear their swimmers to school, with their school uniform worn over the top. There is no time for students to get dressed into their swimmers at the swimming centre. A rash shirt/T-shirt must be worn in the water, students cannot have their shoulders exposed. Please provide a school jumper as students are often cold after long periods of swimming. Please ensure all items are labelled , including socks and underwear , so any missing items can be returned to your child if lost or misplaced.

Should you have any questions please telephone the office and Miss King will return your call.

Please return the attached permission note and return it to school by **Friday 13 May 2022**.

Miss Sheree King
Organising Teacher

Mrs Deborah Kelly
Principal

**Please complete all of the below information and return to school by
Friday 13 May 2022.**

I give / do not give (please cross out whichever does not apply) permission for my child _____ of class _____ to travel by bus to Arnold's Swimming Centre and participate in the Intensive Swimming and Water Safety Program from Monday 23rd May 2022 to Friday 3rd June 2022. I understand that during the swimming lessons there may need to be contact between the instructor and my child to ensure their safety and support them to learn to swim.

Please indicate which of the following is true for your child:

- My child has never had swimming lessons.
- My child used to attend swimming lessons and reached _____ level.
- My child currently attends swimming lessons and has reached _____ level.

I confirm that my child's medical information has not changed since Feb 2022 (please fill in a new Medical Information Form to indicate any recent changes). My child has/is _____ (medical condition/allergies etc) and the school holds current information/ASICA Plans for this.

Please supply your Medicare No. _____ **and Expiry Date** _____

In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical assistance that my child may require.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Signed: _____ (Parent/Carer) Date: _____

Parent/carer name: _____

Please supply Emergency Contact Details in the event we need to contact you whilst at Swimming.

Parent/Carer/Emergency Contact Details

Name: _____ Relationship to child: _____ Phone Number: _____

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