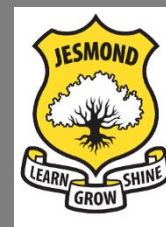


Jesmond Public School

Diversity Opportunity Success

Ralph Street Jesmond NSW 2299 T 02 4957 2605

Email: jesmond-p.school@det.nsw.edu.au Web: www.jesmond-p.school.nsw.edu.au



Wednesday 1st February

Jesmond Public School – Swimming/Water Safety Carnival 2023

Event details

Sport:	2023 School Swimming Carnival
Date:	Wednesday 22 nd February, 2023
Start time:	9:15am
Finish times:	2:30pm
Venue:	Mayfield Swimming Pool
Cost:	\$15.00
What to wear:	Full school uniform – hat and enclosed shoes
What to bring: (including any personal protective items)	Swimmers, towel, goggles (optional), spare clothes, rash shirt.

Transport details

Transport arrangements:	Students will travel by bus from Jesmond Public School to Mayfield Swimming Pool with staff members
Time of departure:	9:20am
Time of return:	2:30pm

Coordination teacher details

Return consent note and payment to:	Classroom teacher
Further inquiries (please contact):	Miss Sophie O'Brien or Ms Ulrika Sandberg

Payments can be made online, via EFTPOS at the school office or in cash to the class teacher. If paying cash please provide correct money as change is unable to be given. Please return payment and signed permission notes to school by Friday the 17th of February. If you need assistance completing the parent/carer consent please see your child's classroom teacher.

If this event is postponed for any reason details can be found on the Jesmond Public School Facebook page - <https://www.facebook.com/JesmondPS>

Please note if your child qualifies for the Zone Swimming Carnival it is on Friday the 24th February.

Organising Teachers
Sophie O'Brien and Ulrika Sandberg

Principal
Deborah Kelly



Concussion Clearance

The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 day period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately.

Important information

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport Associations when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/Carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements, as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.



Parent / Carer Consent

Student details (please print clearly)

First name: _____ Surname: _____

Class: _____

Student Code of Conduct (STUDENT TO COMPLETE WITH PARENT)

I (name) _____ agree to abide by all the rules of the events and to obey all requests given to me. I realise that good behaviour will enable me to take part in future events. Misbehaviour has serious consequences.

SIGNED: _____
Student Date

Student medical details

Medicare number: _____ Expiry date: _____

Please detail any medical or special needs which the team manager should be aware of, including medical, behaviour management or other specialised plans. (Copies of plans to be attached.)

Parent/Carer details

First name: _____ Surname: _____

I give permission for my child/ward _____

of Class _____ to attend and participate in the:

Event: Jesmond Public School Swimming Carnival	
Date: 22/02/2023	at Venue: Mayfield Swimming Pool

Permission to Publish student information

The Department of Education may publish or disclose information about your child/ward for the purposes of event promotion and sharing results. This information may include your child/ward's name, age and school. It may also include information collected during this event such as photographs, live streaming, sound and visual recordings of your child/ward.

The communications in which you child/ward's information may be published or disclosed include but are not limited to:

- the event program and results
- public websites of the Department of Education including the School Sport Unit website
- the Department of Education intranet (staff only), blogs, and wikis
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically
- the Department of Education, School Sport Unit and school social media accounts on networks such as YouTube, Facebook and Twitter
- local and metropolitan newspapers and magazines and other media outlets.

Parents/Carers should be aware that when information is published on public websites and social media channels, it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

Permission to Publish: I have read the information about disclosing and publishing student information (above) and

I give permission

I do not give permission

for the Department to publish and disclose information about my child/ward in publicly accessible communications. This permission remains effective until I advise otherwise.

I understand that if I have not given permission to publish, my child/ward's name will not appear in event programs and results.

SIGNED: _____
Parent/Carer Date

Parent/Carer Acknowledgment and Consent

- I have read the information provided and I hereby consent to my child/ward participating in this event.
- 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/ward may be exposed to COVID-19 whilst attending and participating at this event.
- I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the duty of care of the supervising teacher during the event.
- I acknowledge that if my child/ward seriously contravenes behavioural expectation, they may be immediately excluded from the team. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the team manager including the cost return transport and accommodation.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility of expenses incurred.
- I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. (Personal injury statement)
- I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, I am required to report this to team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event, if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk by participating in this sport activity.
- I can confirm I have completed the "Permission to Publish student information" section.

Name: _____

SIGNED: _____
Parent/Carer Date

----- please return this part to school -----



Parent / Carer Consent Structured Aquatic Activities

Advice

This excursion will involve structured aquatic activities:

Swimming

These activities will take place at:

Mayfield Swimming Pool

Response

In relation to the proposed structured aquatic activities (please circle response):

My child is **permitted** to go in the water.

My child is **not permitted** to go in the water.

SIGNED: _____

Parent/Carer

Date

My child is permitted to go in the water (please circle response):

A non-swimmer: My child is unable to swim.

A weak swimmer: My child is comfortable and confident in shallow water but cannot swim very well.

An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water.

A strong swimmer: My child is a strong swimmer and is very confident in deep water.

SIGNED: _____

Parent/Carer

Date