THE WILLOWS STATE SCHOOL

Excellence is the Standard

Activity consent form – SWIMMING LESSONS 2025

14 October 2025

Dear Parent/Carer

This year students in Year 2 and Year 4 will participate in swimming lessons run by Streamline Aquatics Swim School at the Kirwan Aquatics Centre.

WHEN: **Weeks 8-9 of Term 4**
Students participate in 5 x 1/2hr lessons
2 Lessons in Week 8 and 3 Lessons in Week 9

PROGRAM: A five-lesson program that caters for all swimming levels/abilities run by fully qualified swimming instructors.

DATES: Lessons commence in Term 4, Week 8 on Thursday, 27th November 2025 and conclude on Thursday, 4th December 2025

COST: **$30** (This pays for 5 lessons, including bus transfers.)

PAYMENT DETAILS: Please complete the attached permission and medical forms and return to the school office, together with payment of **$30. OR** if your child is *NOT* participating, tick the correct box and sign the form attached before returning it to the school office.

PAYMENT OPTIONS:

- You may choose to pay the full amount in one payment **OR**
- You may wish to organise a payment plan. If so, please contact the office staff to set this up as soon as possible to ensure the last payment is made before 30th October 2025.
- This will give you a 3-week period to pay for lessons.
- EFTPOS facilities are available at the office.

FINAL PAYMENT: **Thursday 30th October - Term 4 Week 5.**
NOTE: No payments will be accepted after this date.

EXTRA INFORMATION:

- If a swimming lesson is missed, a make-up lesson is NOT available and is not able to be refunded.
- **PLEASE KEEP THESE PAGES FOR FUTURE REFERENCE**

07 4799 1333 *Administration*
Bilberry Street, Kirwan, Qld 4817
PO Box 563, Thuringowa Central, Qld 4817
admin@thewillowsss.eq.edu.au

REQUIREMENTS:

School Uniform: All students must be wearing full school uniform including The Willows State School uniform shirt and bucket hat, navy shorts as well as appropriate closed in shoes to school.

Pool Attire: Students will change into their togs at school and place their towel around their neck. Students may wear thongs or simple slip-on shoes to the pool. Students must bring a ***highly visible shirt or rashie*** to wear in the water to adhere to the sun safety regulations. Swimwear should be not too loose or heavy when wet.

Students with long hair should wear a swimming cap. Rubber swimming caps are preferred as fabric swimming caps can become a choking hazard in the water. Jewellery should be removed for swimming instruction.

Water Bottle: Students are encouraged to bring their water bottle to ensure they stay hydrated.

TRANSPORT: Students will travel via bus.

ACTIVITY DETAILS:

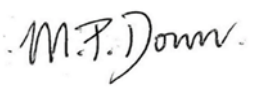
- **Lessons are run by qualified instructors. Students will remain in the care of their classroom teacher**

MOBILE DEVICES: Mobile phones and wearable devices with notifications enabled are not permitted to be used during any of these activities unless the student has an exemption. Students must abide by The Willows State School Student Code of Conduct 2024-2025. A copy of this is available on our website https://thewillowsss.eq.edu.au/supportandresources/formsanddocuments/documents/school%20strategic%20documents/2024-2025%20student-code-of-conduct.pdf

If you wish for your child to participate in this activity, please complete the attached consent form and medical form and return with payment to The Willows State School Office by 9am Thursday 30th October 2025.

For further information about the activity, please contact the school on 4799 1333.

Yours Sincerely



Michelle Donn
Principal

Cameron Tod
Deputy Principal

Activity consent form – Swimming Lessons 2025

Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- *obtain consent for the named child/student to participate in the excursion;*
- *help coordinate the excursion;*
- *respond to any injury or medical condition that may arise during or as a result of the excursion; and*
- *update school records where necessary.*

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions

Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

☐ My Child **WILL** be taking part in this event – *please complete and sign all pages*

OR

☐ My Child **WILL NOT** be taking part in this event – *please sign below*

Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the excursion (including any attached material)
- I am aware that the department does not have personal accident insurance cover for children/students.
- I give consent for the named child/student, _____ <insert child's/student's name> in_____ <insert class> to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration/enrolment and where relevant have updated this information.
- I give consent for child/student contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for the duration of this excursion	Name:		
	Phone number/s:		

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

Student health information – Swimming Lessons 2025

This form is to provide school staff organising excursions, camps or other off-site school activities with confidential health information about a student which may affect their full participation in the activity.

Privacy Statement

The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so.

Name of excursion	**Swimming Lessons 2025**
Date/s of excursion	**27th November - 4th December 2025**

1: Student & parent/carer details			
Student name			
Date of birth		**Year level / Class**	
Parent/carer name			
Medicare number			
Private Health Insurance Fund name		**Membership number**	
Medical practitioner name		**Contact phone number**	

2: Health conditions		
2.1. Does the student have any health conditions that the school has not been previously advised of?	☐ Yes *(go to 2.2)*	☐ No *(go to 2.3)*
2.2. Indicate the student's health condition/s: ☐ Asthma ☐ Anaphylaxis ☐ Diabetes ☐ Epilepsy ☐ Other: _____ Contact the student's teacher/activity coordinator as soon as possible to plan for any support or reasonable adjustments required to manage the student's health condition. For example, if the student requires medication or if they require additional overnight support e.g. catheterisation, gastrostomy, blood glucose testing.		
2.3. Does the student have any current or previous injuries that may affect their participation that the school has not been previously advised of?	☐ Yes *(go to 2.4)*	☐ No *(go to 3)*
2.4. Describe the injury:		

3: Medication requirements		
3.1 Will the student require medication during this excursion?	☐ Yes *(go to 3.2)*	☐ No *(go to 4)*
3.2 Does the student require staff to administer their medication?	☐ Yes *(go to 3.4)*	☐ No *(go to 3.3)*
3.3 Does the student have approval to self-administer their medication at school?	☐ Yes	☐ No
3.4 Does the medication require special storage?	☐ Yes	☐ No

If the answer was **YES** to any of the questions above:

- contact the school office/activity coordinator as soon as possible to ensure that the student's medication needs can be supported.
- complete and attach a *Consent to administer medication* form and any relevant advice from the health practitioner e.g. action plan, letter, medication order

4: Travel issues		
4.1. Does the student experience travel/motion sickness? If **YES** and the student requires medication for travel/motion sickness, complete the *Consent to administer medication form* and provide the school with the medication.	☐ Yes	☐ No

5: Water Competencies		
5.1. My child is a **confident** swimmer	☐ Yes	☐ No
5.2. My child is a swimmer that **may require assistance**	☐ Yes	☐ No
5.3. My child is **not a swimmer** and **has difficulty swimming**	☐ Yes	☐ No

6: Declaration			
I have reviewed the information provided in this form and confirm that this information is accurate.			
Name of parent/carer/student*			
Signature		**Date:**	

***** Students who are independent, mature-age or over 18 years of age, may complete this declaration themselves.