



THE WILLOWS STATE SCHOOL

Excellence is the Standard

Activity consent form – SWIMMING LESSONS 2022

11 October 2022

Dear Parent/Carer

This year students in Year 2 and Year 4 will participate in swimming lessons run by Love2Swim School at the Kirwan Aquatics Centre.

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

WHERE: Love2Swim School
Kirwan Aquatic Centre
Kirwan State High School

ELIGIBILITY: Students in Years 2 and 4

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 Tuesday, 22nd November 2022 and conclude on Tuesday, 29th November 2022.

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

PAYMENT DETAILS: Please complete the attached permission form 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 below 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 2nd November 2022
- This will give you a 4 week period to pay for lessons.
- EFTPOS facilities are available at the office.

FINAL PAYMENT:

- **Wednesday 2nd November - Term 4 Week 5.**
- **NOTE: No payments will be accepted after this date.**



07 4799 1333 Administration



Bilberry Street, Kirwan, Qld 4817



PO Box 563, Thuringowa Central, Qld 4817



admin@thewillowsss.eq.edu.au

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**

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 shirt or rashie to wear in the water to adhere to the sun safety regulations.

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. Group size will not exceed 10 students. Students will remain in the care of their classroom teacher.

MEDICAL:

Information relevant to students with medical requirements are to be indicated in the medical section on the consent form. Students with a medical condition that may impact on their safety during participation in this activity, must have written clearance by a medical practitioner to participate in the activity.

INHERENT RISK: The inherent risk level is classified as high.

EDUCATIONAL AIMS:

Water Safety: The importance of this water safety cannot be stated strongly enough.

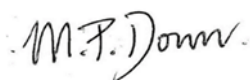
Physical: Specialised fundamental motor skill development, improved physical fitness and health.

Personal: building self-esteem.

If you wish for your child to participate in this activity, please complete the attached consent form and return with payment to The Willows State School Office by 9am Wednesday 2nd November 2022.

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 2022

☐ **I DO NOT wish for my child to participate in this program.**

Ensure this box is ticked, then return this form to the School Office to allow the invoice to be cancelled.

☐ **I wish for my child to participate in this program.**

Tick this box, then complete the details below and over the page. Return the permission form to the School Office with payment.

The Willows State School

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 named off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site activity; and
- update school records where necessary.

Where applicable, the information is being collected in accordance with section 102 of the Education and Care Services National Regulations and the Education and Care Services Regulation 2013 (Qld).

The information will only be accessed by authorised departmental staff and stored securely. The information will be dealt with in accordance with the confidentiality requirements of, as applicable, section 426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cth). 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

Please note that the Department of Education does not have personal accident insurance cover for children/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/carers. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers 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.

Consent

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

- I have read all of the information contained in the *Activity consent form – Swimming Lessons 2022* in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named child/student, _____ **<insert child's name>** in _____ **<insert class>** to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- I agree to and understand the **refund policy** as it applies to this excursion (see Activity 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 student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:

Form continued over page

Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

You may also wish to update/provide the following optional information#:

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

Medicare No.: _____

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

#If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

☐ I would like this additional information to be recorded in OneSchool records.