January 2015
Dear Parents,

The Year 2015 swimming program for all Grade Five and Grade Six students will be conducted during Term 1. As this program is part of the Physical Education curriculum it is expected that all students will participate in the swimming program.

The venue will be the pool at the Travencore S.D.S. in Flemington St. Students will walk to and from the pool. Each swimming lesson will be 40 minutes. All Grade 5/6 students will be swimming on Friday between 9:00am and 12:00pm from the 6th February to the 27th March.

Class teachers will accompany the children however lessons will be undertaken by qualified instructors from Elite Swimming Performance School. In this year’s program there will be 3 qualified teachers for each session.

The cost for the program will be $58.00 per child for 8 weeks.

Please sign the attached form and return with the full payment by the first session, Friday 6th February. Because the school is charged per student for the full program, refunds will not be available if a child does not participate in every session. The attached medical form must also be completed and returned to the school with the permission form.

If you have any further queries, please do not hesitate to contact your child’s teacher.

Yours sincerely,

Brendan Newman
(Health and PE Coordinator)
CONFIDENTIAL MEDICAL REPORT.
This form must be completed and returned to school before your child can participate in the swimming program.

Child’s Name…………………………… Grade …………………

Date of Birth ……………………………

Parent’s/Guardian Name ………………………………………………………

Address…………………………………………………………………………………………

…………………………………………………………………………………………

Emergency Telephone : (Friday Mornings) No.1…………………

No.2 ……………………………

Please tick if your child suffers any of the following:

☒ Fits of any types ☐ Dizzy spells ☐ Blackouts

☒ Asthma ☐ Heart condition ☐ Other……………….. Comments

……………………………………………………………

Allergies to:

☒ Penicillin ☐ Any Foods ☐ Nuts ☐ Other ………………..

Special care recommended …………………………………………………..

………………………………………………………………………………………….

Is this the first time your child has attended a swimming program? Yes/No

Is there any further information the school should be aware of in regards to your child attending the swimming program?

I give permission for my child to attend the Year 5&6 2015 swimming program at the Travencore Pool. Lessons are to be conducted by instructors from the Elite Swimming Performance School.

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

Signed …………………………………. Date………………

Phone Number ………………………………….