Dear Parents and Caregivers,

Congratulations! Your child has been chosen to represent IHM in the School Swimming Team. The SACPSSA Carnival will take place on Thursday 17th March, at the Magill Campus Swimming Centre. The carnival begins at 10am and concludes at 12pm.

Athletes will need to bring:

- Drinks, recess snacks, hat, umbrella, sunscreen, bathers, towel, goggles, cap (if required).
- Children are required to wear their correct school uniform.

We will travel to the swimming centre by private bus, departing at 9am sharp, so please arrive to school at 8.30am on this day. We will be returning back to school by approximately 1pm.

Each school is required to provide FOUR officials to help run the day. Please let me know if you are available to help out. If we have enough people we will be able to job share the duties on the day.

A program of the events your child will be competing in will be send home closer to the carnival date.

Please return the slip below & attached forms to the office by Friday 11th March.

Regards,

Celeste Brown
SPORTS COORDINATOR

Please return the attached forms to the office by Friday 11th March

SACPSSA SWIMMING CARNIVAL 2016

STUDENT’S NAME: .................................................. CLASS: ........................................

I will be attending the SACPSSA Swimming Carnival on Thursday 17th March. YES / NO

I am able to help official on the day of the carnival. YES / NO

SIGNED: ............................................................... (Parent/Guardian)
Excursion Agreement

- I agree to delegate my authority to supervising excursion staff. Supervising teachers may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students/children as a group and individually.

- In the event of any serious misbehaviour on the part of my child, I understand that I will be contacted and will be responsible for any costs associated with my child’s return.

- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.

- I have provided all information necessary for the school to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons. The information given is accurate to the best of my knowledge.

PLEASE RETURN TO OFFICE BY FRIDAY 11th MARCH 2016

Emergency Family Contacts

<table>
<thead>
<tr>
<th>Parent's/Guardian's Full Name</th>
<th>(home)</th>
<th>(work)</th>
<th>(mobile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Alternative Emergency Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>(home)</th>
<th>(work)</th>
<th>(mobile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Consent

<table>
<thead>
<tr>
<th>As a parent/guardian to :</th>
<th>(student's/child's name)</th>
<th>(class)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(your name)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Give my consent for him/her to participate in:

- (name of activity)
  - SACPSSA Swimming Carnival

At/on : From
- Thursday 17th March
  - Magill Campus Swimming Centre, Bundy Street, Magill
    - Travelling by private bus

Signature and Date :

.................................................................   /   /   /
Swimming & Aquatic Consent Form
CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in swimming and aquatics activities. This form will be shown to School Staff and Swimming Instructors and Emergency Services Personnel responsible for this student’s safety at swimming and aquatics activities.
STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM

Section 1: Person Details

Student Name .................................................. Date of Birth ..............................................

Name of School ................................. Medic Alert No. (if relevant) ......................................

Emergency Contact Person .......................... Contact No ..............................................

Section 2: Health Support Information

Please complete the following information so the instructors and school staff can plan for your child’s safety in the water.

Does your child have a health care need that could affect their safety in the water?
If NO – please go to section 3 – consent to participate in Swimming or Aquatics Activities.
If YES – please complete this section

If you tick any of the boxes below the Swimming and Aquatic Instructors need a written health care plan from your child’s doctor/treating health professional. This may be a copy of the information you have provided already to the school.
IMPORTANT: failure to provide required medication will result in exclusion from the program

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Seizures, Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe allergy (e.g. bee sting)</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Joint disorder</td>
<td>Heart Disorder</td>
</tr>
<tr>
<td>Vision impairment</td>
<td>Hearing impairment</td>
</tr>
<tr>
<td>Ear disorder</td>
<td>Skin condition</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Swallowing/choking</td>
</tr>
<tr>
<td>Medication usually taken at school</td>
<td>Communication difficulties</td>
</tr>
<tr>
<td>Other (please provide details)</td>
<td></td>
</tr>
</tbody>
</table>

Have you attached health care details from your child’s doctor/treating health professional? Yes/No
If NO, staff and instructors will provide standard supervision for safety and first aid (see over)
If YES, write down what you have attached and please ensure all relevant medication is provided.

Section 3: Consent to take part in swimming or aquatics activities
I give my consent for my child named above to participate in swimming or aquatic activities
I understand that school staff will be present and provide supervision for safety.
I understand that the swimming or aquatic instructor will be in charge of the water activities.

Parent/guardian ........................................... Signature ........................................... Date ........................