

# Cedar Creek State School

I am Respectful

I am Responsible

I am Safe

I am a Learner



## PREP – YEAR 6 SWIMMING - TERM FOUR, 2020 Beenleigh Aquatic Centre

Dear families,

This year's whole school swimming program will be taking place at the *Beenleigh Aquatic Centre* from Week 1 - 6 of Term 4. Each class will participate in 5 x 45 minute lessons and a half-day swimming carnival.

**Swimming Lesson Dates:** Friday 9 October, 16 October, 23 October, 30 October, 6 November

### Swimming Lesson times:

- Prep A & Prep/1 B 9.30am – 10.15am
- 1A & 1/2C 10.30am – 11.15am
- 2B & 3A 11.30am – 12.15pm
- 3/4B & 4/5A 12.30pm – 1.15pm
- 5/6B & 6A 1.30pm – 2.15pm

**Swimming Carnival Date:** Friday 13 November, 2020

- Prep – Year 2 9.30am – 11.30am
- Year 3 – 6 11.45am – 2.15pm

**What to bring:** Sun smart shirt, swimming cap, swimmers, towel, sunscreen, goggles, swimming bag

**Cost:** The total cost is \$30.25 which includes bus travel, pool entry for 5 weeks, 5 x 45 minute lessons and a half-day Swimming Carnival. The *Learn to Swim Grant* received by the school has been applied to reduce the cost to parents. **Please note: Students will not be allowed to swim without a sun safe swim shirt.**

*Please complete the attached permission form and return to the office as soon as possible.*

*If your child is attending the medical form and payment returned no later than 6 October, 2020.*

On behalf of the team,

Kind Regards

Mike Meier Principal

**Cedar Creek State School**

1a Chardon Bridge Rd, Cedar Creek QLD 4207

Ph: 07 5549 7333

Email: admin@cedarcreekss.eq.edu.au



**2020 SWIMMING PERMISSION FORM**

I \_\_\_\_\_ (parent / caregiver) give permission for my child  
\_\_\_\_\_ in class \_\_\_\_\_ to participate in Cedar Creek State  
School's Term 4 Swimming Program and Swimming Carnival at the Beenleigh Aquatic Centre.

My child \_\_\_\_\_ in class \_\_\_\_\_ will not be participating.

Name: \_\_\_\_\_ Signed \_\_\_\_\_

***Payment, Permission and Medical Forms must be returned to the office by Tuesday 6 October, 2020.***

**Insurance disclaimer:** Please be aware that when involved in activities there is an inherent risk of physical injuries occurring. Injuries may occur without any negligence on the part of the school and in such circumstances the responsibility for the injury and any associated costs will rest with you, not the school. Please take this into consideration in deciding whether or not to allow your child to participate in this activity. You may choose to obtain private insurance coverage, and the school would appreciate details of any medical/accident insurance you have in place for your child.

# Cedar Creek State School

## STUDENT MEDICAL INFORMATION

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Roll Class: \_\_\_\_\_ Year Level: \_\_\_\_\_

In case of emergency - Home Phone Number: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_

If parent unavailable, emergency contact name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
OTHER (including allergies)		YES / NO	

Date of last Tetanus booster: \_\_\_\_\_

Medication currently being taken: Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

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Please give details of any **problems - medical or physical** - which would limit your student's full participation in any activity, including any food restrictions.

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### Medical insurance details of Medicare Cardholders

Name: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Additional Health Insurance: YES / NO

Parent Signature: \_\_\_\_\_

Independent Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:** The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.