



Jamie Nicolson Ave, Edens Landing Q 4207
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14 October, 2019

Water Safety Program

Dear Parents/Guardians,

We are excited to offer students in Grades 1 and 2 the opportunity to take part in our Water Safety Program to be held in Term 4. Swimming and water safety is a valued part of the school curriculum and as such we encourage every child to participate as this will be our Physical Education lesson for 2 weeks.


We view swimming and water safety lessons as an activity that improves fitness levels, coordination, is fun and perhaps most importantly, gives our students a set of skills that could one day save their lives. Participation in the Water Safety Program is a great way to ensure your child's safety in and around the water.

Activity Reference Code for Internet Banking: swim2019

WATER SAFETY PROGRAM

WHO	Students in Grades 1-2. Students will be taught by instructors as well as Mr O'Donnell
WHEN	25/11-29/11 2/12-6/12
TIMES	Students will be shuttled to the pool throughout the day. To check your child's time, please speak to the classroom teacher.
WHERE	Rob Nay Memorial Pool, Beenleigh
TRANSPORT	We will be transporting the students by bus to and from the venue. These buses are fitted with seat belts.
WHAT TO BRING	Each child will need to bring a towel, swimming cap, sunscreen, swimming costume, sunshirt and thongs, placed in a bag. PLEASE ENSURE ALL ITEMS ARE NAMED. Goggles are recommended but not compulsory. Students change into and out of swimming gear at school. Thongs are only permitted when travelling to the pool. At all other times, students must wear full school uniform. For classes going during the first morning session, students may wear their swimming gear under their uniform. Strict uniform dress code is required at all times during the two weeks.
PARENT HELPERS	One parent helper is required every day to assist with supervision before and after swimming. They will also be required to assist during transportation to the venue. If you can assist with this, please inform your child's teacher.
COST	\$68 is the cost this year to participate in the Water Safety Program. Payment due by date is <u>10:30am on Wednesday 20 November</u>. Only students who have paid in full by the due date will be allowed to participate.
ABSOLUTE LAST DAY FOR PAYMENT	By 10.30am on Wednesday 20 November Late payments will not be accepted

PAYMENT OPTIONS:

 <p>*OUR PREFERRED METHOD*</p>	<p><u>OVERPHONE or ONLINE CARD PAYMENT SYSTEM</u></p> <p>PHONE: 1300 631 073</p> <p>To access the QLD State School Card Payment System. Use the CRN and Invoice number located on your invoice.</p> <p>Or Visit https://www.bpoint.com.au/payments/dete</p> <p>Billers Code: 1002534 (Department Of Education And Training) CRN and Invoice number can be found on your invoice</p> <p><i>*Please note: Due to changes in departmental handling of credit card payments we are no longer able to take credit card payments over the phone at school*</i></p>
<p>DIRECT DEPOSIT/ INTERNET BANKING</p> <p>Please allow 3 days before last day for payment for direct payments to reach our account</p>	<p>School's Bank A/c Name Edens Landing State School</p> <p>BSB Number 064-401</p> <p>Account Number 10158334</p> <p>Activity Reference Code Student Initial & Surname + Activity Name</p>
<p>CASH/EFTPOS</p>	<p>OFFICE PAYMENTS WINDOW</p> <p>Wednesday and Friday: 8.15 – 10.30am CASH OR EFTPOS</p>
<p><i>Only students who have paid in full by 10.30am on November 20, 2019 will be able to participate.</i></p> <p><i>Late payments will not be accepted.</i></p>	



EDENS LANDING STATE SCHOOL

— Creating Futures... Together —

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14 October, 2019

Dear Parents/Caregivers,

We are excited to offer your child/ren the opportunity to take part in the Water Safety Program.

Please note the following important information about the excursion.

- This excursion will only take place if sufficient interest is indicated by the due date for payment. Payments will be refunded in full should the excursion not go ahead.
- Only students who have paid in full by Wednesday 10.30am on 20 November will be able to participate. Internet banking payments close on 3 working days earlier than final date. Late payments will not be accepted.
- A medical form must be completed and returned for each child attending.
- Students attending need to ensure they have all the appropriate attire and equipment for lessons
- Classes will continue for those not attending the excursion.
- A medical certificate must be provided in order to claim a refund. A refund may or may not be granted. The cost of the bus is always non-refundable. If your child is excluded due to behavior issues no refund can be claimed.

KEN O'DONNELL

Physical Education Teacher

CLINT CURRAN

Principal

_____ **Cut and Return to the office by 20 November** _____

I hereby give permission for my child _____ in class _____
to be involved in the Water Safety Program.

I acknowledge that late payments will not be accepted.

- ☐ I enclose payment with this form
- ☐ I have paid via direct deposit and my confirmation receipt number is: _____
- ☐ I enclose the completed medical form

Parent name: _____ Signed: _____ Date: / /

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.



EDENS LANDING STATE SCHOOL

STUDENT MEDICAL RECORD FORM

1.

Student's name:Date of Birth:

Excursion/camp:Date of camp:

2. **MEDICAL CONDITION.** Please indicate below any known medical conditions relevant to the above named student. In those instances where there is a "YES" response, please describe the nature of the problem or provide a letter from your doctor.

Medical Condition	Circle	Details
Recent Illness/Injuries/Operations	YES/NO	
Allergies	YES/NO	
Drug Reactions (eg: penicillin allergy)	YES/NO	
Phobias	YES/NO	
Diabetes	YES/NO	
Travel Sickness	YES/NO	
Asthma	YES/NO	
Blood Pressure	YES/NO	
Epilepsy	YES/NO	
Heart Problems	YES/NO	
Respiratory problems (Other than Asthma)	YES/NO	
Other		
Date of last Tetanus Injection		
Medicare Number		
Health Fund Name and No:		

3. **MEDICAL PRACTITIONER**

Name of Family Doctor	

Address	
Telephone Number	()

4.

CURRENT PRESCRIBED MEDICATIONS

The medication/s listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion/camp indicated in Section 1.

I hereby request the teacher accompanying the excursion, who has been so authorised by the Principal, to administer the medication/s in accordance with the instructions written on the medication container/s by the pharmacist in accordance with the medical practitioner's instructions. I understand that all unused medication/s will be returned to me.

Signature of Parent/Caregiver: _____

Print Name: _____

Date / /

NAME OF MEDICATION (including mg/mls)	DOSAGE	TIMES FOR ADMINISTRATION

5. **DISCLAIMER**

I hereby authorise the medical practitioner identified in Section 3 to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any of the medical conditions identified in Section 2 should such need arise.

Signature of Parent/Caregiver: _____

Print Name: _____

Date / /

6. **AUTHORITY**

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur. I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my personal/family ambulance subscription, medical benefits fund (or travel insurance in the case of overseas travel.)

I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.

I understand that, should such circumstances arise the supervising teachers will endeavour to contact me by phone in the first instance.

Signature of Parent/Caregiver: _____

Print Name: _____

Phone Contact: Home () _____

Work () _____

Mobile _____