



Maitland Campus & Early Learning Centre

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# Central Yorke School

Friday, 11 February 2022

## CIRCULAR TO PARENTS/CAREGIVERS RE: Reception to Year 6 Swimming Program Term 1 2021

Dear Parents/Caregivers,

Our swimming program will run in **Week 5 this term**, and will be facilitated by our instructors, Shirley Lands and Jodie Ames. Please ensure students bring all of the items outlined on the swimming checklist below. **Swimming forms must be returned to class teachers and will be required before students are allowed in the pool.** Additionally, if the estimated forecast for Maitland is 20°C or less, all lessons for the day will consist of theory components.

### SWIMMING CHECKLIST

- Bathers
- Towel
- Rashie or T-shirt
- Sunscreen
- Thongs (to walk from classroom to pool). Shoes must be worn at all times.
- Current Swimming consent form
- School health forms, health plans and medication as appropriate
- Long hair must be secured with a hair tie

### SWIMMING TIMETABLE

Week 5	Time	Monday 28/2/22	Tuesday 1/3/22	Wednesday 2/3/22	Thursday 3/3/22	Friday 4/3/22
Lesson 1 and 2	9am – 10am	Year 5/6 Muir				
Lesson 3 and 4	10am – 11am	Year 3/4 Allen/Atkins				
<b>RECESS</b>						
Lesson 5 and 6	11.30am – 12.15pm	Year 3 Kotz				
Lesson 6 and 7	12.15pm – 1pm	Year R/1 Webb & The Learning Hub				
<b>LUNCH</b>						
Lesson 8 and 9	1.30 – 2.10pm	Year R-2 Point Pearce				
Lesson 9 and 10	2.10pm – 2.50pm	Year 2 Whittaker				

Please contact the school on 8832 2613 for queries regarding the swimming program for this term. We look forward to furthering the development of our student's abilities in and around the water.

Kind regards,

Chelsea Schmidt  
Primary Assistant Principal

Linda Bubner  
Primary Coordinator

Sharon Illingworth  
Principal





# Consent Form

**CONFIDENTIAL**

To be completed by the Parent/Guardian for students participating in Water Safety activities. This form will be shown to School Staff and Water Safety Instructors and Emergency Services Personnel responsible for this student's safety in Water Safety activities.

**STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM**

## Section 1: Personal 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?  Yes  No

If **NO** - please go to Section 3 - consent to participate in Water Safety Activities.

If **YES** - you must complete this section below:

If you tick any of the boxes below, the Water Safety Instructors require 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, or further information relating to a water environment / activity.

Asthma <input type="checkbox"/>	Seizures, Epilepsy <input type="checkbox"/>	Incontinence <input type="checkbox"/>
Severe allergy (e.g. bee sting) <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Medication taken at school <input type="checkbox"/>
Joint disorder <input type="checkbox"/>	Heart Disorder <input type="checkbox"/>	Swallowing / choking <input type="checkbox"/>
Vision impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Communication difficulties <input type="checkbox"/>
Ear disorder <input type="checkbox"/>	Skin condition <input type="checkbox"/>	Other (please provide details) <input type="checkbox"/>

### IMPORTANT:

Have you attached health care details from your child's doctor / treating health professional?  Yes  No

If **YES**, write down what you have attached and please ensure all relevant medication is provided.

If **NO** - Failure to provide a Health Care Plan will mean that in the event of a medical emergency your child will be treated with standard first aid management.

Attached:

If you tick any of the boxes below regarding your child's well-being in the water, The Water Safety Instructors need a brief outline of the student's specific issue in regards to water.

Anxiety  Fear of Water  Other

Details:

\* Please indicate who will be supervising your child during instruction, in the change rooms & entering and exiting the pool/river/beach/lake.  School staff  Parent/Caregiver

## Section 3: Consent to take part in Water Safety activities:

I give consent for my child named above to participate in Water Safety activities which will be supervised by School Staff/Parent/Caregiver. I understand that the water safety instructor will be in charge of the water activities.

I understand that failure to provide a Health Care Plan will mean standard first aid management can only be applied.

Parent / Guardian:

Signature:

Date:



**CENTRAL YORKE  
SCHOOL**

**Personal Information for Supervisors**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Names \_\_\_\_\_ hm \_\_\_\_\_ mob \_\_\_\_\_ wk \_\_\_\_\_

\_\_\_\_\_ hm \_\_\_\_\_ mob \_\_\_\_\_ wk \_\_\_\_\_

Address \_\_\_\_\_ Year Level \_\_\_\_\_

Health factors which will restrict physical activity \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Student Medic Alert Number (if applicable) \_\_\_\_\_ Medicare Number \_\_\_\_\_

**Circle** Does your child have a health care need that could affect their safety while on excursion? ..... **YES** **NO**  
If YES, please complete this section

If you tick any of the boxes below, you will 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.

Asthma		Seizures, Epilepsy	
Severe allergy (eg bee sting)		Diabetes	
Joint disorder		Heart Disorder	
Vision impairment		Hearing Impairment	
Ear disorder		Skin condition	
Incontinence		Swallowing/choking	
Medication usually taken at school		Communication difficulties	
Other (please provide details)			

**Circle** 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.  
If YES, write down what you have attached . Should medication be required, a medication authority must be attached.

Any other information that we should know \_\_\_\_\_

**Please Tick ✓**

- I consent to my child using sunscreen provided by the school (Ultra Protect Sunscreen 30+)
- I do not consent to my child using the school's sunscreen and will provide my own.

**AGREEMENT**

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date