### Learning Together, Making a Difference

Maitland Campus & Early Learning Centre Junction Road Maitland SA 5573 P 08 8832 2613 F 08 8832 2336

Point Pearce Campus

Parrys Avenue Point Pearce SA 5573 P 08 8836 7210 F 08 8836 7234



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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**

- D - 4 l- - --

⊔Bathers	Inongs (to walk from classroom to pool). Shoes must be worn at all times.
□Towel	□Current Swimming consent form
□Rashie or T-shirt	□School health forms, health plans and medication as appropriate
□Sunscreen	□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					
				RECESS			
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					
				LUNCH			
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

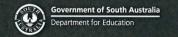
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Linda Bubner

**Primary Coordinator** 

Sharon Illingworth

Principal

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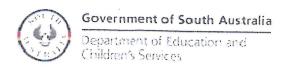
## **Consent Form**

#### 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						
50 5000 00 000 00 00 00 00000 0000	Land Colonial					
Name of School	Name of School Medic Alert No.(if relevant)					
Emergency Contact Person	Emergency Contact Person Contact No.					
Section 2: Health Support Inf	ormation					
Please complete the following information so the instructors and school staff can plan for your child's safety in the water.						
Pes No 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 Water Safety Activities.						
If YES - you must complete this						
	e Water Safety Instructors require a written Health Ca This may be a copy of the information you have provi ater environment / activity.					
Asthma	Seizures, Epilepsy	Incontinence				
Severe allergy (e.g. bee sting)		on taken at school				
Joint disorder		allowing / choking				
Vision impairment	Hearing impairment Commur	nication difficulties				
Ear disorder	Skin condition Other (ple	ease provide details)				
If YES, write down what you have a	ails from your child's doctor / treating health professio attached and please ensure all relevant medication is Care Plan will mean that in the event of a medical em agement.	provided.				
If you tick any of the boxes below r	egarding your child's well-being in the water, The Wat	er Safety Instructors need				
a brief outline of the student's spec	ific issue in regards to water.					
Anxiety	Fear of Water	Other				
* Please indicate who will be supervising change rooms & entering and exiting the	your child during instruction, in the pool/river/beach/lake.	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:				





# Personal Information for Supervisors

Student Name					Age	DOB	/	/
		Thr	n	<b>7</b>	mob		<b>☎</b> wk	
-		a hn	m	7	mob		<b>a</b> wk	
Address							Year Level	
	which will restrict physical activ							
Diet restriction	ns							Part of
	Alert Number (if applicable)							
Circle Doe  If YES, please of	es your child have a health care is complete this section of the boxes below, you will nee copy of the information you have	need tha	t could affect t	heir safety	while on excur	sion?	YES	NO
	Asthma							
9	Severe allergy (eg bee sting)		Diabetes	rhiichzy				
Join disorder			Heart Dis		+			
\	Vision impairment					-		
E	ar disorder		Skin cond	lition				
1	ncontinence			ng/choking				
_ r	Medication usually taken at scho	ool		ication diffi				
(	Other (please provide details)							
If NO, staff and If YES, write dov	re you attached health care deta instructors will provide standard wn what you have attached . Sh	d supervi	ision for safety dication be req	and first aid uired, a me	d. edication autho	ority must be		NC
Please Tick ✓							-	
ricase rick v	I consent to	my child	using sunscree	en provided	by the school	(Ultra Protec	t Sunscreen 3	0÷)
	I do not cons	sent to m	ny child using t	ne school's	sunscreen and	will provide	my own.	
AGREEMENT								
arrange whateve	n accident or illness and contac er medical or surgical treatment incurred on behalf of my child	t with mo	e being imprac ered medical pr	ticable or in actitioner c	npossible, I aut considers neces	thorise the te ssary. I will p	acher in <b>ch</b> arg ay all medical	ge to and
(\Secretar\DOC\INTERNA	Parent/Guardian Signature				-	Date		-