



# ASPLEY STATE SCHOOL

Maundrell Terrace, Aspley Qld 4034 | Phone: 07 3863 9111 | Fax: 07 3863 9100

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4<sup>th</sup> of September 2017

Dear Parents

<b>This letter is about:</b>	<b>Term 4 Water Safety &amp; Awareness Program</b>
<b>Action required:</b>	<b>Permission form and payment to be received at the school office by Friday 13 October 2017</b>

During Term 4, all Prep students will participate in the school's water safety and awareness program. At Aspley State School, this is an extra curricula, sports activity which the school offers to students in Prep. Children are offered the opportunity to participate in this enhanced sporting opportunity for water safety and awareness lessons. Each student in Prep will have a 6 week block, commencing Monday 23<sup>rd</sup> October and concluding on Monday 27<sup>th</sup> November.

The water safety and awareness program will be delivered by our Physical Education Teacher (Mr Schmidt), and 4 additional instructors, (Ebony Smith, Una Baldwin (School Instructor) plus two other registered Learn to Swim Instructors from Swim Solutions.) Department of Education & Training risk assessment procedures require other adults to be present during the lesson to assist in the supervision of the class.

A **minimum** of **2 adult helpers** are needed to assist each Prep class lesson. In addition to adult helpers, the four swimming instructors above are being hired for this programme. Swimming will incur a **\$60 levy fee** to cover the cost of these additional instructors. Payment must be received by Friday 13 October 2017, otherwise students will not be able to participate in the programme.

<i>Time</i>	<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>
<b>8:40am – 9:30am</b>	<i>Prep C</i>				
<b>9:30am – 10:30am</b>	<i>Prep S</i>				
<b>11:15am – 12.15pm</b>	<i>Prep J</i>				
<b>12:15pm – 1:15pm</b>	<i>Prep A</i>				
<b>2:00pm – 3:00pm</b>	<i>Prep M</i>				

As this is the first involvement in school water safety and awareness activities at school, each participating child in Prep will receive a gift bag from Swim Solutions.

It is compulsory for children to wear a sunshirt and bathing cap (preferably silicone). Sunscreen is also compulsory. Due to issues relating to children with allergies, we can't provide sunscreen. Parents are asked to send this with their children. If children are unable to swim, on any particular day, they must bring a note, explaining their reasons for withdrawal.

Please complete the attached Swimming Permission form, ability to assist and payment. Please remember that this form and payment **MUST** be received at the school office by Friday 13 October for your child to be able to participate in the Prep program for 2017.

A roster will be compiled of parent helpers for each class and, if you have volunteered to help, you will be advised as soon as possible. Thank you in anticipation of your assistance.

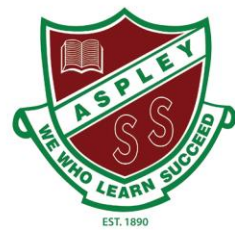
Yours sincerely

*d. Griffith-Baker*

Anthony Schmidt  
HPE Teacher

Ebony Smith  
Head Swimming Instructor

Leann Griffith-Baker  
Principal



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## SWIMMING PERMISSION FORM

**Please return this form, with payment of \$60, to the school office by Friday 13 October 2017**

I, \_\_\_\_\_ (parent/caregiver), give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to be involved in the term 4 Prep water safety and awareness program. I have completed the medical information for my child on the back of this page.

Enclosed is payment of \$60 - cash / cheque / credit card / advance payment / Direct Deposit / QParents

*Please circle which method you will be using. Cash or cheque should be enclosed with this permission slip. Credit card details should be completed on the payment envelope. If paying by Direct Deposit or QParents, please do not send the permission slip to the office until payment has been made. Payment by this method still has to be made **prior to the due date**. Direct Deposit details – BSB 064-151, Account 0090 1234. Please use your child's name and the activity as the payment reference. When paying by Direct Deposit and QParents, 3 days are required for processing. Therefore, payment should be made at least 3 days prior to the due date.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* Please fill out the following table for each Prep Student

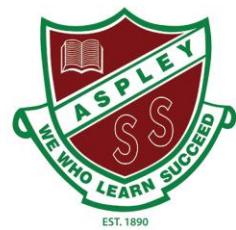
<u>Non Swimmer</u>	<u>Basic swimming Competency</u>	<u>Competent swimmer</u>	<u>Accomplished swimmer</u>
<input type="checkbox"/> Cannot float unassisted	<input type="checkbox"/> Enter the water unaided.	<input type="checkbox"/> Swims 10m on their front and back using recognizable strokes. i.e. Freestyle, Backstroke etc.	<input type="checkbox"/> Swims 25m competently using frontstyle, backstroke and Breastroke.
<input type="checkbox"/> Cannot kick for 5m on their back or front.	<input type="checkbox"/> Show the ability to float.	<input type="checkbox"/> Understands basic breathing techniques used when swimming.	<input type="checkbox"/> Has a basic understanding of Butterfly
<input type="checkbox"/> Cannot enter the water unaided	<input type="checkbox"/> Kicks for 5m on their front and back using a float.	<input type="checkbox"/> Is confident in deep water.	<input type="checkbox"/> Treads water in deep water
<input type="checkbox"/> Cannot put their face into the water and show control of breathing.	<input type="checkbox"/> Moves through the water (with minimal assistance) confidently and consistently on front or back for 5 meters.		
	<input type="checkbox"/> Confidently puts their face into the water and shows control of breathing.		

## SWIMMING LESSONS HELPER FORM

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

- ☐ I am / am not able to assist with the supervision of your swimming class.
- ☐ I am happy to work with a small group in the pool.
- ☐ I would prefer to provide general supervision rather than get into the pool.

I am available on the following days/dates \_\_\_\_\_



## MEDICAL INFORMATION

Department of Education policy require that students who suffer from medical conditions that might place them at risk in the water must have written parental permission, supported by a medical certificate, in order to participate in activities relating to water safety and awareness instruction.

All parents are requested to complete the form below. This information will assist your child's teacher to provide the safest possible learning environment.

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

Please use a tick ( ✓ ) to indicate the statement that best describes your child:

☐ My child does not suffer from any medical condition which might place him/her at risk in the water

☐ My child does suffer from a medical condition which might place him/her at risk in the water

Please tick ( ✓ ) the applicable medical condition/s:

☐ Heart/Lung disorders

☐ Epilepsy

☐ Severe Asthma

☐ Diabetes

☐ Other \_\_\_\_\_

Parent/Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Activity Risks & Insurance** - The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs, are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any others costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.