Dear Parents

The Donnybrook DHS 2014 Faction Swimming Carnival for Year 4 – 10 will be held on Thursday March 6 at the Bridgetown Swimming Pool,

Activity: Faction Swimming Carnival – all swimming strokes and distances plus novelty team relays.

Date: Thursday March 6 2014

Location: Bridgetown Swimming Pool,

Itinerary: Depart school 9.00am, arrive Bridgetown Swimming Pool approximately 10.00am and depart for Donnybrook 2.15pm arriving at Bentley Street approximately 2.45pm

Transport: By bus with bus drivers from L & E Combes – Proprietors

Clothing: Appropriate sun smart swimming wear, bathers, towels, water bottle, goggles; sunscreen and hat.

Food and Drink: Students to supply their own lunch, snacks and plenty of water and drinks. A canteen will be open at the pool for drinks; ice creams and snack food.

Cost: $6.00 to cover the cost of travel and entry to the pool

This is a whole school event. All students are expected to attend with appropriate swimming and sun smart wear as well as their faction colours.

The swimming carnival is the culmination of four weeks of swimming fun and fitness, and is linked to student assessment, so we encourage all students to participate to the best of their ability, in events of their choice, and support their fellow team mates.

We would also encourage parents to come along and enjoy the wonderful carnival atmosphere and share a great day with us all. Parent helpers maybe required for “official” duties but more importantly, just come along and support our students with your cheering and clapping. We would all appreciate it.

Please sign the permission slip below and the attached Water Based Excursion medical form and return to the front office with payment on or before Friday, 28 February.

Thank you

Denise Duncan
Physical Education Teacher

Thursday, 13 February 2014
DONNYBROOK DISTRICT HIGH SCHOOL
An Independent Public School
PRINCIPAL – Peter Fitzgerald

PARENT/GUARDIAN PERMISSION FORM

FACTION SWIMMING CARNIVAL

PERMISSION SLIP WITH PAYMENT TO BE RETURNED SIGNED TO THE SCHOOL BY FRIDAY 28 FEBRUARY

No permission forms will be accepted after the date stated above. We are more than happy to enter into payment arrangements with parents who may find payment at this time difficult. Please do not hesitate to call the office if you need assistance on 9731 1060.

Student Name: _____________________________

Home: __________________ Work: __________ Mobile: ________

Other:

I have read and understood the information regarding the FACTION SWIMMING CARNIVAL on the 6 MARCH and I give my consent for my child to travel by bus and attend.

YES NO

I have included the $6.00 to cover the cost of this excursion.

Signature of parent/guardian: ___________________________ Date _____________

CONSENT
I am aware that any costs incurred as a result of illness or accident are my responsibility and that school staff are not responsible for any loss or damage to my child’s property that may occur during the course of the excursion.

I also acknowledge that, should it be considered necessary, school staff will arrange to present my child for any emergency i.e., accident/illness

Parent/Guardian Signature(s):

____________________________________________

Please complete and return the Medical Information sheet attached and return with this permission slip.

Thank you for your ongoing support.
EXCURSION / WATER-BASED EXCURSIONS

Strictly Confidential

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Student Details:

Students Name:______________________________________ Date of Birth:______________

Parent or Guardian’s full name:_____________________________________________________

Address:_____________________________________________________Post code:________

Telephone No - Home:_________________________ Work:_________________________

Mobile:________________________

Medicare No________________________ Medical Insurance details___________________________

Name of Family Doctor: ________________________Telephone No:_____________________

Swimming ability (refer to the Education Department Swimming and Water Safety Continuum below).

1. Beginner 7. Intermediate  My child has achieved Stage No □
2. Water Discovery* 8. Water Wise*  Date achieved__________ □
3. Preliminary 9. Senior  I am unsure, Please assess my child □
5. Water sense* 11. Swim & Survive* Other comments
6. Junior 12. Senior Swim & Survive*

Note: Details of swimming ability related to the excursion
Schools need to request information from parents regarding student’s skills and abilities in the context of the excursion, e.g. ocean, pool.

*Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival and extends the student’s range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.
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Medical details.
Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes [ ] No [ ]
If “Yes” give details:_________________________________________________________

Is your child allergic to:
Penicillin [ ] Give details:_____________________________________________________
Any other drug [ ] Give details:_________________________________________________
Any food [ ] Give details:_____________________________________________________
Other [ ] Give details:_________________________________________________________

Is any special care or diet required? Yes [ ] No [ ]
If “Yes” give details:____________________________________________________________________

_______________________________________________________________________________________

Tetanus vaccination: Yes [ ] No [ ] Don’t know [ ]

Medications
Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

Is your child presently taking tablets and / or other medication?
Yes [ ] No [ ]

Does your child self – administer the medication?
Yes [ ] No [ ]
If “Yes” give details (dosage, frequently, name of medication and reason for use.):
_____________________________________________________________________________________

I agree to inform the organisers before the scheduled excursion departure of any change to my child’s health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of Parent or Guardian: ___________________________ Date: _____________________