

Lancelin Primary School

53 Gingin Road
Lancelin WA 6044
Phone: 08 9628 6000

FACTION SWIMMING CARNIVAL- INFORMATION FORM FOR PARENT/GUARDIAN

To be retained by parent

REASON FOR EXCURSION: The 2024 Year K – 6 Faction Swimming Carnival.

DATE: Friday 16th February 2024

COST : \$4.00 to cover entrance fee and hire fees. Spectators on the day are free. *Spectators who stay at the pool once the carnival has concluded will be expected to pay normal entrance fees if they are swimming.*

LOCATION : Iluka Aquatic Centre, Gingin

ACTIVITIES TO BE CONDUCTED: ALL students in years P/P – 6 are expected to attend the carnival. There will be no supervision at school so if they are not participating, they can cheer on their faction in the bays. Whilst we strongly encourage students to participate, we do understand that in some circumstances this is not possible. **Please return the permission slip even if your child is not attending.**

Year K- year 2 students will be participating in Faction team games in the shallow pool. Children from years 3 to 6 will be competing in the usual carnival events including age races.

Please be aware, students must be able to swim 25 metres to participate in the age races.

TRANSPORT ARRANGEMENTS:

Students must arrive at the venue at 9.40am for a 10.00am sharp start. Parents are asked to transport their children to and from the carnival.

We will be taking a bus over for the carnival at a cost of \$10 per child

STUDENT CONTACT ARRANGEMENTS DURING EXCURSION: Phone the school on **9628 6000**. Appropriate staff will be contacted by mobile phone.

SUPERVISION TO BE PROVIDED: Jemma Temby & Sue Collins will provide supervision of students in the pool. Staff will be in each faction bay to supervise the students waiting for their race. Students marshalled to and from the pool will also be supervised by a teacher.

STAFF ACTION IN CASE OF ACCIDENT OR ILLNESS ON THE EXCURSION:

Parents and the school will be contacted. Staff will administer initial first aid if necessary. School first aid kit will be taken.

SPECIAL CLOTHING OR OTHER ITEMS REQUIRED: students will need school uniform – faction shirts are encouraged, school hat, bathers, towel, sunscreen, drink bottle, morning tea and a packed lunch. Students are not to leave their bay other than for their events during the carnival.

Please return all Consent Form (all students) and money to the

Classroom Teacher by Monday 12th Feb

Regards
Sue Collins
Sports Co-ordinator
1st February 2024



CONSENT FOR WATER BASED EXCURSION
CONFIDENTIAL

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

Student's Name _____ Date of Birth _____

Parent or Guardian's Full name _____

Address _____

Telephone No: (home) _____ (work) _____

(mobile) _____ (other) _____

Name of Family Doctor _____ Phone No _____

Swimming Ability:

- | | |
|---------------------|------------------------------|
| 1. Beginner | 7. Intermediate |
| 2. Water Discovery* | 8. Water Wise* |
| 3. Preliminary | 9. Senior |
| 4. Water Awareness* | 10. Junior Swim and Survive* |
| 5. Water Sense* | 11. Swim and Survive* |
| 6. Junior | 12. Senior Swim and Survive |

My child has achieved Stage No _____

Date achieved _____

I am unsure, please assess _____

Other Comments: _____

I would rate my child's swimming ability as: Poor good excellent (please circle one)

Medical Details:

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic 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 required? _____

Date of Last Tetanus Vaccination: _____

Is your child presently taking tablets and/or other forms of medication? Yes No

Does your child self-administer the medication? Yes No

If "yes", give details: _____

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: _____

******This form will retained by the school office and cover all 2024 water based school activities.**

PARENT/GUARDIAN CONSENT FORM

CONSENT FORM FOR Faction Swimming Carnival

TO BE RETURNED SIGNED TO THE SCHOOL OFFICE BY Monday 12th Feb

My child WILL NOT be participating in the carnival because _____

My child (year 3 - 6) WILL be participating in the carnival

My child (year P/P- year 2) WILL be participating in the shallow water activities

My year 3 child will participate in the shallow pool events only } Please tick
 I will be transporting my children. }

My children will be travelling with:

I will be transporting other children. Names: _____

(Please complete the Private Vehicle Driver's Report form if transporting other students)

I would like _____ bus seats @ \$10

Bus will be leaving school at 8.30am sharp!

\$10 will need to be attached to permission slip

I can help out at the carnival

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary.

I have read and understood the information regarding the **Faction Swimming Carnival**

I give my consent for my son/daughter: _____

Cost \$4.00 Enclosed

Signature of parent/guardian: _____ *Date* _____

SCHOOL EXCURSION PRIVATE VEHICLE DRIVER'S REPORT

The following information is required to ensure an appropriate Duty of Care is exercised in the transportation of students and in case of mishap.

Name of Driver:					
Excursion Details: <i>2024 Faction Swimming Carnival</i>					
Date(s) of Excursion: Friday 16th February 2024				Duration of Excursion: 1 Day	
Time of departure from school:	Time arrival at Excursion location:	Time of departure from location:	Time of return to School:		
Destination (Excursion Location): Iluka Aquatic Centre, Gingin WA					
<i>Driver must hold a current valid Australian Drivers Licence</i>					
Drivers Licence Number:			Drivers Licence Expiry Date:		
<i>Vehicle must be roadworthy and appropriately licensed</i>					
Vehicle Registration Number:			Vehicle Licensed To Month/Year:		
Vehicle Make / Type:			No. of Passengers Vehicle is Licensed To Carry*:		
<i>Is the Vehicle covered by a comprehensive insurance policy?</i> YES <input type="radio"/> NO <input type="radio"/>					
Insurance Company:		Policy Number:		Expiry Date: ____ / ____ / ____.	
Names of Students being transported in your vehicle* (Any seven of the students listed at any time during the excursion)					
Name of Student		Name of Student		Name of Student	
Signature of Driver					
Date / /					