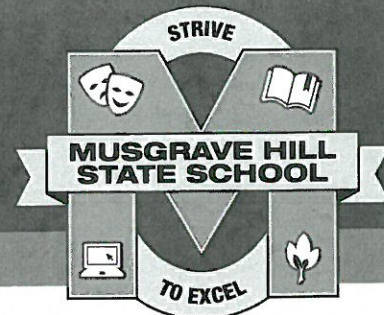


MUSGRAVE HILL STATE SCHOOL

STRIVE TO EXCEL

musghillss.eq.edu.au



Dear Parents and Guardians,

Next term we will be offering our annual swimming program to all students from Prep to Year 3. Swimming is incredibly important to our curriculum especially given our 'Gold Coast lifestyle'. Our children need to be competent and confident in the water, learn the basic strokes and be water safe! Musgrave attends the swim school at TSS in Southport as they have amazing facilities and professional, experienced staff. The program will comprise of 5 x 45 min lessons in week 8 or 9 of next term.

Swimming this year will cost \$30 which covers the bus, pool entry and instructors. In their initial lesson, each child will be evaluated and placed in ability groups to work on skills specifically targeted to their needs. Students will travel by bus to and from the venue and we ask that all students wear a rash vest and sunscreen as we are a sun safe school.

Please fill out the attached form and return it to the office with full payment by **THURSDAY 19TH OCTOBER (Week 3)**. If payment is not received by 19th October, your child will not be able to participate in the swimming program as numbers need to be finalised. Cash payments are accepted at the office on Tuesday and Thursday mornings. PLEASE NOTE – if you are paying via internet banking, payments must be received by THURSDAY 19TH OCTOBER to be accepted. As the cost of this activity is based on predetermined numbers, students that do not attend lessons (once payment has been made) will be unable to receive a refund. A swimming timetable as well as reminders of what to bring to swimming lessons will be sent home closer to week 8 next term.

Yours in education,

Katie Halsall – PE Teacher

Julie-Anne McGuinness - Principal

For

PO Box 2605 Southport Qld 4215 | Phone. 07 5531 3919 | 07 5532 4938
Fax. 07 5591 5830 | Email. admin@musghillss.eq.edu.au | Web. www.musghillss.eq.edu.au

Principal. Julie-Anne McGuinness | Deputy Principals. Bridget Bartolo & Luke Kenelley
A/H.O.S.E.S. Luke Kenelley | P&C President. Tina Wilson



Privacy Notice

The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

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 while participating in the activity, 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 be also be covered by your provider. Any other 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.

AGREEMENT BY PARENT/GUARDIAN

As a parent/guardian of _____, I _____
give my consent for him/her to attend _____ and agree to delegate my
authority to the teacher in charge.

The teacher in charge may take whatever disciplinary action deemed necessary for the safety and successful conduct of the students. If required you will be called to collect your child from camp and no refunds are available.

I am aware of the program and the type of activities that my child will be participating in.

I certify that to the best of my knowledge my child has not been in contact recently with infectious diseases.

I authorise the teacher in charge to obtain medical assistance when deemed necessary in the event of illness or accident and I agree to pay any expenses incurred on behalf of my child. I further authorise qualified practitioners to administer anaesthetic if such an event arises.

I agree to pay fees for such medical expenses and to meet the expenses of pharmaceutical supplies and conveyance by ambulance which may be incurred by the result of medical attention.

I acknowledge that the Department of Education, Training and the Arts does not have Personal Accident Insurance cover for students.

I further authorise qualified practitioners to administer anaesthetic or blood transfusion if the necessity arises. Before this occurs, every effort shall be made to contact parents/guardians first.

Signed: _____ Parent/Guardian Date: ____/____/____

MEDICAL/PERMISSION FORM

Please complete and return with payment and permission forms

Students Details		
Name:	Class:	Date of Birth:
Address:		

1st Parent/Guardian Details	2nd Parent/Guardian Details
Name:	Name:
Home Phone Number:	Home Phone Number:
Work Location:	Work Location:
Work Phone Number:	Work Phone Number:
Mobile Phone Number:	Mobile Phone Number:

3rd Emergency Contact Information – Used in cases where we are unable to contact you if your child is ill or has an accident:		
Name:	Phone Number:	Relationship to Student:

Doctor's Name:	Doctor's Phone Number:
Medicare Card no:	Number of person::
Expiry Date:	Additional Health Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Details				
Approximate date of last tetanus booster:		___/___/___		
Does your child suffer from any of the following?				
Asthma Yes / No (If yes, please complete detailed section over page)	Epilepsy Yes / No	Travel Sickness Yes / No	Allergies Yes / No	
Details:				

ASTHMA SECTION – TO BE COMPLETED BY PARENT/GUARDIAN (If Applicable)

Asthma can change rapidly, sometimes with little or no warning. To adequately and safely care for your child, **detailed information from both you and your child's doctor** is required by the attending teachers. In cases of severe or unstable asthma, the attending teacher or Principal reserve the right to exclude a child from a school excursion.

- | | | |
|---|---|--------|
| * | Is your child used to taking medication without supervision? | Yes/No |
| * | Is your child reliable in recognising and reporting when attention is needed: | Yes/No |
| * | Has your child ever required nebulised medication? | Yes/No |
| * | Has your child ever required steroids in an acute attack? | Yes/No |