



30/01/2023

Blue Haven Public School Swimming Carnival

Dear Parents and Caregivers,

Our school swimming carnival is fast approaching. At our carnival, students will be given an opportunity to race in freestyle, breaststroke, backstroke and butterfly events. The carnival is for competitive swimmers only. **Please be aware that there will be no novelty events for non-swimmers.**

Date of the excursion	Tuesday, February 21st 2023 – Week 5 Term 1
Time leaving school	8.45am
Time returning to school	1.45pm approximately
Venue	Wyong Olympic Pool
Student group attending excursion	Students in Years 3 - 6 and students in Year 2 who turn 8 years old in 2023. All students must be able to swim 50m confidently.
Staff attending the excursion	3-6 Staff
Key Learning	PDHPE
Special requirements e.g. what to bring, wear, sun protection	Blue Haven Sports Uniform or House colours with swimmers underneath. Bring: recess, lunch, water bottle, hat, sunscreen, towel and a complete change of clothing
Transport	Bus
Cost	\$12 - via eftpos or online payment. No cash payments
Payment due date	Wednesday February 16, 2023

Please sign and return permission slip and medical form by: Wednesday February 16, 2023.
Please be aware that without a prior arrangement with the Principal, late payments will not be accepted after the payment due date. Online payments will be accepted up until 5:00 pm of the payment due date. Any online payment after 5:00 pm will be refunded.

Privacy Notice

The information provided on this form by you is being obtained for the purpose of this excursion. It will be used by the NSW Department of Education and Training in the case of emergency. Other persons and or agencies may be provided with this information for the purpose of emergency care. Provision of this information is required by law. It will be stored securely. You may correct any personal information provided at any time by contacting 43990167.

Medical Disclaimer

Parents please note there is no personal injury insurance provided by the NSW department of Education and Training for students in relation to school activities, physical education lessons or any other school activity. Parents and caregivers are advised to access the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

Bella Blume
Coordinating Teacher

Dale Edwards
Principal



BLUE HAVEN PUBLIC SCHOOL

Blue Haven Public School Swimming Carnival

Please return the permission note and medical form by Wednesday February 16, 2023 . Cost \$12 via eftpos or online payment, no cash payments.

I give permission for _____ of class _____ to attend the Blue Haven Public School Swimming Excursion at Wyong Olympic Pool on Tuesday February 21, 2023

I understand that travel to and from the event will be by bus. Yes No

I have paid online through the school's website.
The receipt number is _____

I would like to use fees in advance (this is only for students who have money currently in the system from previous arrangement) Yes

I understand that no late payments will be accepted after Wednesday February 16, 2023 Yes

I give permission for my child to receive medical treatment in case of an emergency. Yes No

My child has special needs as detailed on the attached medical form. Yes No

The attached medical form is completed and signed to allow your child to attend. Yes

Parent/Carer signature: _____ Date: _____

Parent Name: _____ Phone Number: _____



BLUE HAVEN PUBLIC SCHOOL

Medical Information Form – Blue Haven Public School Swimming Carnival

The information provided by the parents/caregiver of the child mentioned below is being obtained for the purpose of ascertaining the relevant information, requirements and other health care related needs about the child mentioned below, who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Blue Haven Public School. It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities. Provision of this information is not required by law, however, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience. Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information provided at any time by contacting the school office.

Student Details

Student Name: _____ Class: _____ Medicare No: _____

Parent or Caregiver Contact Details

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Doctor Contact Details

Doctor's Name: _____ Doctor's Phone: _____

Emergency Contact(s) details (nominated by the parent or caregiver as an alternate contact)

Name: _____ Phone: _____

Name: _____ Phone: _____

List medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, etc.). Outline the treatment for each.

Medication to be administered during the excursion. Include name of medication, instructions for administration, dosage, time of administration and any possible reactions.

Parent/Caregiver Signature: _____ Date: _____