



18th August 2023

Dear Parents/Guardians,

First swimming lessons will commence on Wednesday 11th and Friday 13th October. A timetable listing all dates and times your child's class will be swimming has been attached to this note. You are reminded that the times on this timetable refer to "in the pool time" and that your child will travel to and from the pool in the 10 to 15 minutes before and after the lesson time.

Children who are taking part in lessons are reminded that they have the responsibility to ensure that the lessons are as safe as possible. Irresponsible behaviour cannot be tolerated in an environment such as the swimming pool. In the interests of safety for all concerned, some students may be excluded from swimming for irresponsible behaviour.

In addition to the weekly swimming lessons, students in year 4, 5 and 6 who participate in the majority of swimming lessons will be invited to take part in the **Swimming Fun Day** which will be held on Friday 1st December.

You are reminded that a levy of \$40 has been set to cover the cost of pool entry, transport and instructor fees. **Full Payment** for swimming lessons will be **required by Friday the 6th October** in week 1, term 4. Payment plans are available via BPoint, Eftpos or cash. The preferred method of payment is **BPoint**.

Please ensure your child is prepared for each swimming lesson. This preparation should include:

1. Packing togs, towel, sunscreen, etc. into a bag that can be taken to the pool. We ask that children do not wear their togs to school as problems can arise if sufficient dry underwear is not packed.
2. Providing adequate sun protection. **"Sun-safe" shirts MUST be worn.** In some groups pupils will be asked to take additional clothing to the pool when completing survival activities.
3. Ensuring your child is aware of the need to be responsible for looking after their own items while at the pool. Whilst we remind them at the pool, a little practice at getting dressed in swimmers and packing school uniforms into bags is probably not a bad idea for younger students.
4. Making your child aware that long hair and jewelry are potential hazards in the pool. Long hair **MUST** be tied up and jewellery **MUST** be removed or taped.
5. Ensuring your child is physically prepared for lessons. Swimming sessions can be demanding for younger children and may require modification of eating and sleeping routines for the period of the lessons.

We look forward to seeing your child taking part in swimming lessons. Swimming is an important, potentially life-saving skill that all Far North Queenslanders should possess.

Please don't hesitate to contact the school if you require further information.

Kind regards,

Daniel Samanes
HPE Teacher

Michael Nielsen
Deputy Principal

N.B. Please refer to timetable on next page

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"Every day in Every classroom, Every child is learning and achieving"



Swimming days and times

Wednesday lessons	Friday lessons
<i>In pool times</i>	<i>In pool times</i>
Year 1 (4 classes) 9:15am – 10:00am	Year 4 (5 classes) 9:15am – 10:00am
Year 2 & 1/2B (5 classes) 10:05am – 10:45am	Year 3 (5 classes) 10:05am – 10:45am
Year 6 (5 classes) 12:05pm – 1:00pm	Year 5 (5 classes) 12:05pm – 1:00pm
Prep D, Prep G & Prep T (3 classes) 2:10pm – 2:40pm	Prep C, Prep P & Family A (3 classes) 2:10pm – 2:40pm
Wednesday 11 th , 18 th & 25 th October and Wednesday 1 st , 8 th & 15 th November	Friday 13 th , & 20 th & 27 th October and Friday 3 rd , 10 th , & 17 th November



MAREEBA SS
SWIMMING & SWIMMING FUN DAY
MEDICAL AND PARENTAL PERMISSION FORM

1. Personal Details

STUDENT GIVEN NAME: _____
 STUDENT SURNAME: _____
 STUDENT DATE OF BIRTH: _____ CLASS: _____
 ADDRESS: _____
 NAME OF PARENT/GUARDIAN: _____
 TELEPHONE NUMBER (HOME) _____ (MOBILE) _____
 MEDICARE NUMBER: _____ POSITION: _____
 NAME OF CARD HOLDER: _____

Fill in back of this page!

2. Medical Details

Please indicate below any known medical conditions relevant to the above-named student. In those instances where there is a **YES** response, please describe the nature of the problem or provide a letter from your doctor.

MEDICAL DETAILS	RESPONSE	Details
Tetanus booster in last 12 months	YES / NO	
Asthma	YES / NO	Has written permission for the student to administer own medication been previously provided to the school? YES / NO. If NO, please attach
Other respiratory problems	YES / NO	
Recent operation, illness or injury	YES / NO	
Drug allergies (e.g. penicillin)	YES / NO	
Other allergies (e.g. grass, insects)	YES / NO	
Anaphylactic	YES / NO	
Epilepsy	YES / NO	
Diabetes	YES / NO	
Heart problems	YES / NO	
Blood pressure	YES / NO	
Phobias	YES / NO	

3. CURRENT PRESCRIBED MEDICATION (S)

The medication(s) listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion indicated in Section 1.

I hereby request the teacher accompanying the excursion who has been so authorised by the principal to administer the medication(s) in accordance with the instructions written on the medication container(s) by the pharmacist in accordance with the medical practitioner's instructions.

Signature of parent/guardian: _____

Printed name: _____ Date: _____

NAME OF MEDICATION	QUANTITY OF MEDICATION	TIMES FOR ADMINISTRATION

4. AUTHORITY (MUST BE COMPLETED)

I hereby request that my child _____ be permitted to take part in the Mareeba State School Swimming Program (Prep – Year 6 students), and Swimming Fun Day (upper grades only) which will be held on Friday 1st December.

I give permission for him/her to travel by bus under the supervision of school staff to and from the sport venues.

I hereby authorize the supervising teachers/staff to obtain any medical or associated assistance, which they deem to be necessary, should any medical condition or accident occur.

I agree to pay medical, dental and/or pharmaceutical expenses incurred on behalf of the above student, which, are not covered by my personal/family medical benefits fund.

I further authorize qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an event should arise.

I understand that, should such circumstances arise, the supervising teachers will endeavour to contact me by phone in the first instance.

Signature of the parent/guardian: _____

Printed name: _____ Date: _____

PLEASE COMPLETE & RETURN THIS FORM WITH \$40.00 PAYMENT BY FRIDAY 6TH OCTOBER.