22rd July

Whole School Swimming Program 2016

<table>
<thead>
<tr>
<th>What</th>
<th>Whole School Swimming Program 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>When</td>
<td>Term 3</td>
</tr>
<tr>
<td></td>
<td>Monday 5, Tuesday 6, Wednesday 7, Thursday 8 September</td>
</tr>
<tr>
<td></td>
<td>Monday 12, Tuesday 13, Wednesday 14, Thursday 15 September</td>
</tr>
<tr>
<td>Where</td>
<td>Huntingtower Sports &amp; Aquatic Centre (77 Waimarie Drive, Mount Waverley VIC 3149)</td>
</tr>
<tr>
<td>Transport</td>
<td>Seat-belted bus</td>
</tr>
<tr>
<td>Cost</td>
<td>$105 (includes swimming cap)</td>
</tr>
<tr>
<td>Due date</td>
<td>Please return the permission/payment notice, the medical form, and a $45 non-refundable deposit to the school by Monday 1st August. With the balance of $60 due by Friday 26 August 2016. Full payment needs to be made before students commence the program.</td>
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Dear Parents,

The annual water safety/swimming program for 2016 will be conducted during Term 3. The intensive program will be run over two weeks, 8 sessions in total, on Monday through to Thursday each week. The instructors are qualified from a ‘learn to swim level’ right through to ‘squad swimming level’.

The swimming program is an integral part of the Physical Education Curriculum. Becoming a confident and competent swimmer is essential to student safety, as well as increasing opportunities for both leisure and sporting pursuits. For those students already at a proficient level of swimming, the school swimming program offers the opportunity to refine and extend skills further in this intensive program.

If you require further information about the program or there are any questions regarding payment, please contact me at school.

Thank you,

Carolyn Datson
**Swimming Program - Permission/Medical Form**

**TITLE:** Whole School Swimming Program 2016 at Huntingtower Sports and Aquatic Centre  
**Dates:** Mon 5, Tues 6, Wed 7, Thurs 8, Mon 12, Tues 13, Wed 14, Thurs 15 September 2016

I give permission for my child to travel by bus to Huntingtower Sports and Aquatic Centre on the dates listed above. I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I understand that the Department of Early Childhood Education & Development (DEECD) does not provide student accident cover insurance.

Student’s Full Name: ___________________________ Class: _______ Date of Birth ___/___/___

**PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:**

<table>
<thead>
<tr>
<th>Fits of any type</th>
<th>Blackouts</th>
<th>Travel Sickness</th>
<th>Dizziness</th>
</tr>
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<table>
<thead>
<tr>
<th>Migraines</th>
<th>Asthma</th>
<th>Allergy (e.g. bee/wasp, nuts, Penicillin, other)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td>please specify: __________________________</td>
</tr>
</tbody>
</table>

**NB:** Please ensure the school has a current Asthma Management Plan or Allergy Management Plan. (If applicable)

Is your child currently taking any medications? Yes / No

If yes, please state the name of and dosage of medications: __________________________

Emergency name: __________________________ Emergency contact number on the day: __________

**Emergency Contacts** are people that Mount Waverley Heights Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Mount Waverley Heights Primary School.

Parent’s Name: __________________________ Signature: __________________________ Date: __________

This confidential form asks for personal information about your child. The main purpose for collecting this information is so that Mount Waverley Heights Primary School can allocate staff for supervision and it assists us to properly care for your child. The school depends on you to provide all relevant health information. Withholding some health information may put your child’s health at risk. The school will use this information if your child is involved in a medical emergency. This medical form must be current when the excursion is run. Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Early Childhood Development is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to. All staff at Mount Waverley Heights Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided on this form. All information is held in confidence.
Whole School Swimming Program 2016: PERMISSION/PAYMENT NOTICE

Final payment for Huntingtower Sports & Aquatic Swimming Program 2016.

Final Payment Due by Friday 26th August 2016.

I/We enclose balance of $60.00 for Swimming/Water Safety Program. Cash, Cheque or Eftpos payment accepted.

for ______________________________in Grade __________________

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EFTPOS Payment Form – Mount Waverley Heights Primary School

Payment for: ____________________________________________________________

Debit My:   □Mastercard      □Visa

Date: __________/________/____ Card Expires: __________/________/____

Name: __________________________

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Initial payment for Huntingtower Sports & Aquatic Swimming Program for 2016.

Deposit due by Monday 1st August, 2016

I/We enclose a $45.00 deposit for Swimming/Water Safety Program. Cash, Cheque or Eftpos payment accepted.

for ______________________________ in Grade ______________

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EFTPOS Payment Form – Mount Waverley Heights Primary School

Payment for: ____________________________________________________________

Debit My:   □Mastercard      □Visa

Date: __________/________/____ Card Expires: __________/________/____

Name: __________________________