St Kilda Park Primary School Year 3 to Year 6 SWIMMING PROGRAM 2024



Dear Parents/Guardians, 12/6/2024

Our 2024 Swimming Program for Year 3 to 6 students is fast approaching. Swimming is an important component of the SKiPPS Physical Education Program and a key learning focus of the Victorian Curriculum. The Swimming Program will be conducted by trained instructors at MSAC. The lessons will be 45 minutes long and each year level will attend 5 sessions, which will take place daily during Week 2 of next term: **Monday 22**nd **July to Friday 26**th **July**.

Students will come to school as normal on these days and travel to and from MSAC by tram.

Swimming Timetable - Monday 22nd July to Friday 26th July

Year Level	Lesson Time
5/6A and 5/6L	11.15 am
5/6G and 5/6MS	12.15 am
3/4G and 3/4E	1.00 pm
3/4J and 3/4B	1.45 pm

All students are expected to attend the swimming lessons as this is part of their Physical Education Program. To take part children will need:

- Track suit (for ease of changing)
- Bathers
- Goggles
- Towel
- Comb or brush
- Plastic carry bag
- Swimming cap Swimming caps can be purchased from the school office for \$3.00. They are compulsory for **ALL STUDENTS**.

All items must be named.

Please complete the *Medical Information form* attached to this letter. This form needs to be completed and returned to your child's class teacher no later than Wednesday June 26th 2024.

The cost of the Program is \$ 50.00

This covers the cost of pool entry and instruction for 5 days. Please make this payment and give consent on Compass before **Wednesday 26th June 2024** as we need to submit our final numbers by the end of term.

Our school will provide support to parents experiencing hardship, including:

- via Neil Scott, Principal, as the parent payment contact person who parents can communicate with by phone, email or in person about their financial situation and related difficulties in making payments.
- The school will ask for any parents in hardship to contact the school immediately when this notice goes home to families.
- Staff and the school community who identify families in hardship are asked to contact the Principal immediately. The Principal will then make contact with the family.
- Camps, Sports & Excursions Fund (CSEF) If your child has CSEF money in credit, it will be applied to
 the cost of the swimming program, and the remaining cost (if any) will be payable on Compass.
 Further information about the CSEF and the application form can be found on the school newsletter.

If you have any questions, please don't hesitate to contact Louise Moore, Neil Scott or your child's class teacher.

Louise Moore

Year 5/6 Teacher louise.moore@education.vic.gov.au

Neil Scott
Principal
neil.scott@education.vic.gov.au

Medical Information Form – Day Excursions

The Department of Education requires the information requested in this form for all students participating in day excursions involving adventure activities, to plan for and support the health care needs of students.

This form must be completed by a parent/carer prior to their child going on the excursion. The information provided must be current at the time of the excursion. Parents/carers will also receive detailed information about the excursion/program prior to participation and be provided with a parent consent form. Any questions about excursions will be answered by the school.

First Aid and Medical Assistance

If there is a situation or incident which requires first aid to be administered to a student, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for a student if it is considered reasonably necessary. In the event that a student needs medical attention during the excursions, school staff will contact their parent/carer as soon as practically possible.

Parents/carers are responsible for all medical costs if a student becomes ill or injured on a school approved excursion unless it is found that the illness or injury was caused by the Department of Education failing to discharge its duty of care. Parents/carers can purchase student accident insurance cover from a commercial insurer if they wish to.

Privacy Statement

The personal and health information collected in this form, and attachments, will be managed securely and accessed only by staff and volunteers, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at:

http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) and the law. In the event of a medical emergency, information will be provided, as required, to emergency services and medical practitioners.

Excursion/program name: Date(s):	Year 3 - Year 6 Swimming Program 2024 Monday 22nd July – Friday 26th July 2024			
Student's full name:				
Γ				
Year level:				
Parent/carer's full name:				
Emergency telephone numbers: After hours		Business hours		
Name of person to contact in an emergency (if different from the parent/carer):				
Emergency telephone number	a. After become	Dusiness hours		
Emergency telephone numbers	S. Arter nours	Business hours		
Please ensure the person you list here is aware you have provided their contact information for this purpose				

Swimming ability Please tick the distance your child can swim comfortably.					
□ beginner swimmer (students with little or no experience including in shallow water. Students who are not confident swimmers or not comfortable in the water)					
$\hfill\Box$ average swimmer (students able to swim 25 metres but are not strong or confident in deep or fast water)					
$\hfill\Box$ strong swimmer (students able to swim 50 to 100 meters and are strong and confident in deep water)					
Please tick if your child is living with any of the following health conditions:					
Asthma (if ticked cor	mplete Asthma Manage	ement Plan)			
Anaphylaxis (if ticked)	d review and update th	ne Individual Managemen	t Plan)		
Blackouts	Diabetes	Dizzy spells	□ Migraine		
Heart condition	☐ Travel sickness	Seizure of any type			
🛮 Other:					
Please tick if your child is allergic to any of the following: □ Penicillin □ Other Drugs:					
🛮 Foods:					
Other allergies:					
What special care is recommended for these allergies?					
Year of last tetanus immunisation:					
Medication Will your child require any medication during the excursion period? Yes No If yes, provide the name of medication, dose and describe when and how it is to be taken.					
All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken, and when and how it should be taken. The medications will be kept by staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself. I declare that all information provided is current and accurate:					
Signature of parent/carer (named above)					
Date:					