

# Sunshine Coast & Wide Bay Regions, Invitation to Swim and Survive School TERM 4, 2009

Dear Parent/Guardian

Swim Schools are a part of our school's Health and Physical Education and Sport program. **Grahame Welsh, Lesley Jackson, and Ian McIntyre** will attend the Sunshine Coast and Wide Bay Regions from November 9 to 13.

Enrolled students of BSDE from **Prep - 12** are welcome to attend.

**Prep students must be accompanied by a parent in the pool.**

The Swim School can provide sessions where your child is taught stroke correction and survival skills of the **Royal Life Saving Awards** from Level 1 (= Year 1) up to Bronze Medallion level.

The provisional programme for the Swim Schools is set out below.

Date	Proposed Time*	Place
Monday, November 9	10.00 -12.30 pm	CABOOLTURE Public Pool King Street (07) 5498 9084
Tuesday, November 10	9:30 -12.00 pm	KINGAROY Aquatic Centre (07) 4162 1863
Wednesday, November 11	9.30- 12.00 pm	BUNDABERG – Anzac Pool Quay Street (07) 4151 5640
Thursday, November 12	1:30 - 3:30 pm	MARYBOROUGH Pool (07) 4121 5185
Friday, November 13	9:30 - 12:00 pm	GYMPIE Memorial Pool (07) 5482 1471

**A reminder about extra clothes to bring for Levels 3-Bronze Star.**

Level 3 - shorts & t-shirt (in case the student progresses to level 4)

Level 4 - shorts and t-shirt

Level 5 - trousers and long-sleeved shirt

Level 6 – pullover, trousers and long-sleeved shirt

Level 7 – socks, pullover, trousers and long-sleeved shirt

Bronze Star - socks, pullover, trousers and long-sleeved shirt

Parents should apply sunscreen to students 30mins before they are due in the water. Wearing of protective clothing in the water is also recommended.

**Please complete the form on page 2 or ring 3214 8239 by Monday November 2 at the latest** (send it directly to “Grahame Welsh” – not through your child’s teacher).

You can also fax it to 3214 8434 attention “Grahame Welsh”.

**WIDE BAY SWIM & SURVIVE SCHOOL REPLY**  
**Post to Grahame Welsh; Brisbane School of Distance Education, GPO Box 1308**  
**Brisbane Q 4001**  
**By Monday, November 2.**  
**Fax. to 07 3214 8434 (Attention – Grahame Welsh) or Phone (07) 3214 8239**

Name of Parents/Guardians attending:-

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Students attending:

Name	Grade	Last award level achieved

If students require special assistance due to medical conditions or any other circumstances please provide relevant information below:

Student	Additional Information

Postal Address:

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Phone: ..... Fax: .....

We shall attend the following Swim School (please tick the appropriate session):

SESSION – These are approximate times and may be changed	PLEASE TICK ONE
CABOOLTURE: Monday; November 9 10.00 - 12.30 pm	
KINGAROY: Tuesday; November 10; 9.30 – 12:00	
BUNDABERG: Wednesday; November 11; 9.30 – 12:00	
MARYBOROUGH: Thursday; November 12; 1:30 - 3.30am	
GYMPIE: Friday; November 13; 9:30 – 12:00pm	

**Medical Form (Student)**



This form must be completed by the parent/guardian for all students participating in this activity. The information you provide will assist in making sure that all students receive appropriate medical attention if the need arises.

**Family Name:** \_\_\_\_\_

**Phone Number:**           **WORK** \_\_\_\_\_ **MOB** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_

	Student 1		Student 2		Student 3	
	<b>Name:</b>		<b>Name:</b>		<b>Name:</b>	
	<b>DOB:</b>		<b>DOB:</b>		<b>DOB:</b>	
Tetanus Booster	Yes Year:	NO	Yes Year:	NO	Yes Year:	NO
Asthma	YES	NO	YES	NO	YES	NO
Diabetes	YES	NO	YES	NO	YES	NO
Epilepsy	YES	NO	YES	NO	YES	NO
Allergies	YES	NO	YES	NO	YES	NO
Phobias	YES	NO	YES	NO	YES	NO
	Details of any current medication:		Details of any current medication:		Details of any current medication:	
	Any additional information:		Any additional information:		Any additional information:	

In case of a medical emergency, I give permission for appropriate medical treatment to be obtained for my child/children.

\_\_\_\_\_  
 Parent/Guardian's name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date