



Sherwood State School

Courageous, resilient, life-long learners

22 January 2021

Dear Parents and Carers

During the year, students from Year 1- 6 will be swimming as part of our school's Health and Physical Education program. Prep students will start their swimming program in Term 4.

Thanks to our partnership with the Sherwood Sharks we will have at least 2 qualified swimming coaches (plus the PE teacher) for each swimming session. Due to the increase in supervision at the pool, there will be a swimming fee for the term, which is partly offset by the support of our P and C committee.

Term 1 Timetable:

Week 2 to 6 (1 Feb to 5 Mar): Year 2-6 (Mr Hass and Mrs Smith)	Weeks 7 to 10 (8 Mar to 1 Apr): Year 1 (Mrs Smith)
<p>The season will begin with 5 weeks of one hour sessions for students in years 2-6. The following timetable outlines the days your child will be swimming.</p> <p>Mondays: 4G, 4L, 4B, 4M Tuesdays: 3WP, 3BP, 3H, 3C Wednesdays: 6R, 6M, 6HP Thursdays: 5R, 5B, 5T, 5H Fridays: 2R, 2M, 2B, 2A</p>	<p>The season will begin with 4 weeks of one hour sessions for students in year 1. Your child will be swimming on:</p> <p>Thursdays: 1J, 1PW, 1T, 1C</p>

What to bring: A bathing cap, towel, sun safe shirt (over their swimming togs), goggles (optional), sunscreen (applied prior to lessons) and all property should be clearly labelled and placed inside a swimming bag.

Cost: Year 2 – 6: \$20.00 Year 1: \$16

Other:

Please note, if a child is unable to swim due to illness a note to the PE teacher is required.

Please indicate on the attached page if your child has a medical condition that may be aggravated by swimming or that may cause concern for safety while swimming. It would also be greatly appreciated if parents could indicate their child's level of swimming ability and/or any fears associated with swimming that they may have.

Please return the permission form below to the **CLASSROOM TEACHER** by Friday 29th January (hard copy or email is okay).

PAYMENT (via QKR or BPOINT) IS DUE BY Friday 12 February. **QKR** → School payments → Select product. If you have multiple children participating in swimming, ensure you select the correct profile with the correct swimming product.

Yours sincerely

David Hass and Karin Smith
HPE Teachers

Principal Amanda Hawkswell

✉ ahawk19@eq.edu.au

Deputy Principal (Prep – Year 3) Eliza Borsht

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Deputy Principal (Year 4 – 6) Stacey Thomasen

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☎ (07) 3716 2111

📍 Sherwood State Primary School



Queensland
Government

Swimming Lessons – Return Slip

Please return this slip to the CLASSROOM TEACHER by Friday 29th January

PAYMENT IS DUE BY FRIDAY 12 FEBRUARY

Privacy Notice

The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld). The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent - HPE Swimming Lessons

By signing this form (below) I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.
- **I give consent for my child, _____ in class _____ to participate in the HPE Swimming Lessons**

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

Additional swimming information**

It would be greatly appreciated if parents and carers could indicate your child's level of swimming ability and any fears/concerns associated with swimming that your child may experience.

Additional medical information**

The school collected medical information about your child at enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

You may also wish to provide the following information **:

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ Membership No.: _____

** If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

I would like this additional information about my child's medical information to be recorded in OneSchool records.

Sherwood State School – PAY IT FORWARD

I would like to make a voluntary contribution to this event. This will be added to the Sherwood State School Welfare Fund and support our Sherwood families in need. These specific payments will need to be made via QKR App or EFT at the office.