## **Orange Public School**

**Primary Site**78 Kite Street
ORANGE NSW 2800
Phone: 02 6362 6369

02 6361 7923



Infants Site
Torpy Street
ORANGE NSW 2800
Phone: 02 6362 1992

Fax: 02 6361 8496

## **2018 SPECIAL SWIMMING SCHEME**

Arrangements have been made to include swimming instruction in the curriculum for boys and girls in our school. The Department of School Education Special Swimming Scheme is an intensive learn to swim program which develops water confidence and provides students with basic skills in water safety and survival.

Students who have not reached a satisfactory standard of water safety and survival skills, and are unable to swim 25m confidently unaided in deep water, are eligible to participate in the Special Swimming Scheme. The scheme focuses on non-swimmers in Year 2 but provides for non-swimmers in Primary as well as students with special needs. Eligible children from Years 2-6 will be invited to attend. Please indicate your child's swimming level. There will be an assessment on the first day to determine groups and if your child needs to be in the program. It is **not** stroke correction.

Instruction will take place at Orange Aquatic Centre under the instruction of qualified swimming teachers. The scheme will continue daily for 2 weeks from Monday 3<sup>rd</sup> December 2018 to Friday 14<sup>th</sup> December 2018. **The cost per student per day will be \$4.00. Money is to be paid at the office.** 

Season passes and fitness passes are accepted.

Year 2 will be swimming each day from 10.15am to 11.00am.

**Year 3-6** will be swimming from **11.00am to 11.45am**. Please send your child in school uniform and have swimmers packed in bag.

Please have all items **labeled**, even if cold or wet as the pool is heated. Each child should bring a swimming costume, underwear, towel, goggles, a shirt, hat and warm clothing on a cool day. It is recommended that students use adequate sun protection - e.g. an SPF 15+ broad spectrum, water resistant sun screen reapplied regularly. A T-shirt or rash shirt is also recommended. **Please make sure items are named and brought in a sturdy bag each day**.

As with all OPS out of school activities and excursions we expect exemplary behaviour. If your child has difficulty managing their behaviour in settings that are not familiar to them, it may be necessary for you to attend to assist your child. As this activity is around water, the safety of all children is **paramount**. Any child who does not follow teacher direction will be excluded from participation and parents notified.

As this occurs at a very busy time of the year with many classes and school activities at this time, there may be occasions where your child may miss a lesson.

Please complete and sign the attached form and return it to your child's class teacher by Friday 30<sup>th</sup> November 2018.

Bradley Tom
Principal
25 October 2018

Mary Fisk/M Black
Swim Co-ordinator

## **SPECIAL SWIMMING SCHEME - Please return to Office**

NAME OF PARENT/CARER:							
MEDICAL CONDITIONS / ALLERGIES / MEDICATION / SENSORY IMPAIRMENT etc:							
I give permis to Orange Ac	ssion for my quatic Centro	child e from Mond	day 3 <sup>rd</sup> Decembe	ter to Fr	o participate iday 14 <sup>th</sup> Dec	in Special Swir ember 2018.	nming Scheme
In relation to	the propos	ed water or	swimming activ	vities, I	advise that r	my child is (ple	ase tick one)
☐ Non swi	n swimmer						
IF YO	OUR CHILD	CAN SWIN	1 25M CONFID	ENTLY	, they are ir	neligible for t	he program.
□ I will send \$4 daily for the pool admission    □ I have a Season Pass (Number)							
			∃Fitness Pass (N	Numbe	r	_)	
Mrs Iffland	l and Ms Bla	ck.	e walking to and eceive medical a			,	Ars Fisk, Mrs French,
Signed:	Date:						-
			MEDICA	AL I	FORM		
Student name:						Class:	
Parent/caregi	iver contact d	etails on the	days of the Excur	sion			
Name:							
Address:							
Home phone:	Work:					Mobile:	
Doctor contac	t details						
Name:	Doctor's teleph					one:	
Emergency co Scheme	ntact(s) deta	ils (nominate	ed by the parent/c	caregive	er as alternate	contact on the d	ays of the Swimming
1. Name:						Phone:	
2. Name:						Phone:	

## **Medical Information Form**

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about the above named student, who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Orange Public School.

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience. Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.