

Belmont High School

424 Pacific Highway
Belmont NSW 2280

Phone: 4945 0600

Fax: 4947 7531



Email: Belmont-h.school@det.nsw.edu.au

Zone Swimming Carnival 2019

Type of Excursion

The Zone Swimming Carnival is to be held on **Tuesday 19th February** at Swansea Pool, Swansea. You have received this because you have qualified to compete, congratulations!

Mode of Transport / Start and Finish Times

Students to make their own way to and from the Carnival. The carnival will commence at 9am and conclude at approx. 2pm. Please ensure that you pay close attention to your event time and be there with plenty of time to spare before your event, as it may run ahead or behind schedule. Please also make sure that if you are in a Relay team that you are present to avoid letting team mates down. If your relay team is lacking numbers, please try to arrange for someone your age to join the team before the day and let Miss Fagg know of any changes ASAP.

What Students Should Bring / Uniform

Students will need to bring goggles, water, lunch, snacks, **\$3.50 for pool entry**. In line with school policy, students need to wear full school sports uniform

Cost/ How to Pay

The cost of the excursion is **\$3.50 for Pool Entry** to be paid on the day. The completed permission note should be handed into Mr. Lambkin in the PDHPE Staffroom by **Tuesday 12th February**.

Emergency Care and CPR

The accompanying staff member/ s with Emergency Care Training is Mr. Lambkin.

The accompanying staff member/s with CPR training is Mr. Lambkin.

There will be Lifeguards supervising the event.

Please direct enquiries to Mr. Lambkin in the PE Staffroom.

Yours Sincerely,

Mr Lambkin
PDHPE

Mr Geoffrey Robinson
Principal

Privacy Advice

The information provided on this form for the above excursion is being obtained by Belmont High School for the purpose of verifying student consent to participate, acknowledgement of awareness of excursion details and supervision arrangements, and gathering relevant medical information (including dietary requirements) for student safety purposes. It will be used by the NSW Department of Education 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 required to assist the school in planning a safer educational activity and 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 on 49450600. Photographs may be taken of students on this excursion for educational purposes and displayed within the school, on the school's intranet and website or in the school magazine. If you do not want photographs to be taken of your son/daughter for educational purposes, please contact the Teacher-In-Charge of the excursion or the school office.

Medical Disclaimer

Parents, please note there is no personal insurance injury provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school associations when deciding whether additional insurance cover, above that provided by Medicare is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in permanent loss of a prescribed faculty or the use of some prescribed part of the body.

I will achieve my potential

Principal: Geoff Robinson

All correspondence to: P O Box 2345 Gateshead NSW 2290
Email: Belmont-h.school@det.nsw.edu.au

Return to Mr Lambkin in the PDHPE Staffroom.

Zone Swimming Carnival at Swansea Pool on **Tuesday 19th February.**

- I hereby consent to my child _____ of Year _____ to attend the excursion/activity above.
- I hereby consent to my child's photograph to be used on the school website: YES / NO
- I HAVE attached a '2019 Medical Information for Variations to School Routine' Form for my child.

Signed _____
Parent / Guardian

Date _____

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Medical Information for Variations to School Routine

Name of Student: _____ (Please print)

Address: _____

Date of Birth: _____ Sex: M / F

Emergency Contact: Name: _____

Phone: Home _____ Work/mobile _____

Medicare Number: _____ Ambulance Cover: Yes / No

Private Medical Cover: Yes / No Fund _____ Membership No: _____

Doctor contact details: Name: _____ Phone No: _____

Doctor Address: _____

Is your child in good health? Yes / No

Does your child suffer from any medical Conditions, Illnesses/Injuries/Allergies? Yes / No

If yes, please specify and outline treatment for each:

Does your child have any special dietary needs? Yes / No If yes, please outline and indicate any possible reactions: _____

Does your child require regular medication? Yes / No

Name of medication, administration instructions (time, dosage) and any possible reactions.

Has your child suffered from any acute illness in the last four months? Yes No

Has your child been treated by a doctor in the last four weeks?

If yes please attach a medical certificate outlining treatment.

THIS FORM MUST BE RETURNED BEFORE YOUR CHILD CAN BE INVOLVED IN THE EXCURSION AS OUTLINED.

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