Dear Parents/Caregivers

Our annual swimming carnival is:-

**WHEN**  
Friday 9\(^{th}\) December 2011

**WHERE**  
Mayfield Swimming Pool

**TRAVEL**  
Bus.

**COST**  
$8.50. This includes bus travel to and from the venue, entry to the pool and awards (stickers, ribbons, medals etc).

All children are to bring lunch, recess, hat, swimmers, sunscreen and a towel.  A plastic bag to put wet things in. Canteen facilities will be available.

*Please return the note below with payment completed by Monday December 5th 2011*

Kind regards

Teeny Blatchford  
Principal  
Friday November 25, 2011

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**WATER OR SWIMMING ACTIVITIES**

The excursion will involve the following water or swimming activities:  
Acquiring water confidence, preparation for swimming carnival and water safety.

These activities will take place at Mayfield Pool. The school will provide the following safety precautions: Newcastle Council Lifeguards.

**MEDICAL DISCLAIMER**

Parents please note there is no personal injury insurance cover provided by the NSW Department of School Education and Training 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 Sport 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 in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

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Carrington Public School  
Medical Information Form
Medical information form

Privacy Advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who may participate in excursions, sporting activities or other educational or school activities conducted by or in conjunction with your school. The information 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 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 an alternative educational experience.

Provision of the information will significantly assist the school in planning a safer educational activity. This information 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 at any time by contacting the school office.

Excursion Swimming Carnival

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Class</th>
<th>Medicare Number</th>
</tr>
</thead>
</table>

Parent or caregiver contact details

<table>
<thead>
<tr>
<th>Name</th>
<th>Home phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Mobile phone:</td>
</tr>
<tr>
<td>Work phone:</td>
<td></td>
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</tbody>
</table>

Doctor contact details

<table>
<thead>
<tr>
<th>Name</th>
<th>Doctor's telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

Emergency alternative contact/s details

1. Name: Phone:
2. Name: Phone:

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet.

Medication/s to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

Carrington Public School 2011 Swimming Carnival

Permission note

I give permission for my child from class to attend the school swimming carnival on December 9th 2011. I understand that travel is by bus.

My child is a strong average poor non-swimmer

(please circle)

Signed Parent/Caregiver date