

Sutton Public School Swimming Carnival 2024 Years 3-6 and Year 2 students turning 8 Thursday 8 February 2024

Dear parents and carers,

On Thursday 8 February 2024, all primary children will be attending our annual swimming carnival.

The carnival will be held at Dickson Pool from 10:00 am until 2:00pm. We will all travel by bus. Parents are invited to join us for the day. Pool entry for parents is free. Cost for entry to pool and the bus fare for all children is \$20.00.

We will need parental help in timekeeping to enable the day to run smoothly. Please contact Mr Mitchell prior to the carnival if you are able to assist.

- Who:** Year 3-6 students and Year 2 students turning 8 in 2024
When: **Thursday 8 February 2024**
Where: Dickson pool - 69 Antill Street, Dickson
Time: **10:00 am – 2:00 pm**
Transport: School organised bus, the bus will depart Sutton PS promptly at **9:30 am** and return to school between **2:00pm and 2:30pm**.
Supervision: Staff from Sutton Public School
Cost: **\$20.00** per student (includes bus and pool entry fee)
What to bring: Recess, lunch, water bottle, sunscreen, swimmers, towel, hat, (The kiosk at the pool will be open and times will be allocated for the children to use it.) Please note students can wear swimmers under their uniform.
Spectators: Spectators are welcome to attend the carnival at no cost.

Please complete and return the attached permission/medical note, carnival entry note and payment by **Wednesday 7 February 2024**.

By granting permission for your child to attend this excursion, you are approving their participation in water play activities in a busy public water park, and swimming activities.

If there are any questions regarding the day, please do not hesitate to ring the school.

Adam Mitchell
Organiser

Jenny Lonergan
Principal

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Permission Note and Medical Information form due by **Wednesday 7 February 2024**

I hereby consent to my child _____ in class _____ participating in the School Swimming Carnival on **Thursday 8 February 2024 at the Dickson Pool.**

I understand that my child will be travelling to and from Dickson Pool is by bus.

I have made an Online Payment

Receipt No _____ Date paid: ____/____/____

Online Payment Details:

Online Payment Details:
In "Payment Options" please select **Sport** and in "Payment Description" please insert **Swimming Carnival**

Supervision will be by Sutton Public School staff.

Parent/Caregiver's Name: _____

Phone number: _____

I grant / do not grant (please circle) permission for photos of activities undertaken at the Sutton Public School Swimming Carnival that include my child to be used in publications and media reports (for educational or promotional purposes)

Signed: _____ **Date:** _____

Medical Information

Does your child suffer from any medical condition? (asthma, diabetes, epilepsy, etc.) Please note details of any medical management program that staff may need to be aware of.

Give details of any medication (and dispensing routine) that your child is currently taking.

Give details of any allergy your child has to common foods, plants, insect bites, medications (eg. Penicillin)

Is there any other health related information that we may need to be aware of that may impact on any of the activities undertaken during the activity?

Signed: _____ **Date:** _____

"Accurate and current medical and contact information is required for the safety of students attending this activity. This information will be held by the teacher-in-charge of the excursion and will not be used for any other purpose. The information may be disclosed to other agencies in the event of an emergency or if medical treatment is required. The information will be treated confidentially and will be destroyed at the conclusion of the excursion"

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Please return by Wednesday 8 February 2024

Participation in swimming races is **optional**.

If your child cannot confidently swim 50 metres unaided, they will participate in supervised, structured water novelty activities in shallow water.

My child **is not a confident swimmer** and will only participate in structured water novelty activities

OR

My child **can confidently swim 50 metres unaided**.

Child's Name: _____ DOB: _____

He/she will compete in the following events in the school swimming carnival (please tick):

- 100m Freestyle
- 200m Individual Medley
- 50m Freestyle
- 50m Backstroke
- 50m Breaststroke
- 50m Butterfly

Parent Carer Name: _____

Signed: _____ Date: _____