Dear Parent/Guardians

The Annual Primary Swimming Carnival will be held on FRIDAY 10 FEBRUARY 2012 from 9.30 am to 2.30 pm at MAYFIELD POOL.

It is expected that all children in Years 3-6 should attend and any child turning 8 this year who can swim 50m is invited to attend. There will be at least one event suitable for all children regardless of their swimming ability. Parents are welcome to attend the carnival. All spectators will be required to pay an entry fee of $2.80

The cost for the buses and pool entry is $10.00.

Children are asked to bring a packed lunch and water with them. They will be allowed to buy ice blocks, etc from the pool canteen.

It is requested that children report to school at the normal time before travelling to the pool by bus. If you wish to collect your child from the pool, it is essential that the teacher be informed so as to facilitate departure supervision. This is an important safety measure.

All children will be required to wear wristbands which will indicate what sections of the pool they are permitted in. This is a departmental requirement. Children will not be permitted in the water if they do not wear the wristband.

Children may wear sports uniform or clothes in their house colour. Thongs will be acceptable. Broad brimmed sun hats, protective creams and sleeved shirts are essential.

Ribbons for 1st, 2nd and 3rd will be handed out as children finish each 50m or 100m race.

Zone swimming notes will be given out on the day of our carnival. These will be for children who have qualified through their race times. Miss McGregor will have a copy of these times, please see her if you have any questions.

Please return the consent form with money to the class teacher in an envelope by due date below.

MONEY WILL NOT BE ACCEPTED AFTER THURSDAY 9 FEBRUARY AS STUDENT NUMBERS AND BUSES NEED TO BE ORGANISED BEFORE HAND.

Yours sincerely

Sue McGregor
Sports Coordinator

Maria Williams
Principal
MEDICAL FORM

Parent/Guardian should complete this form accurately as it will be taken on the excursion and will be the basis for contact or action in the event of emergency.

Child’s Name: ............................................................................. Class: ..........................

Mother’s Name: ...................................................... Father’s Name: ..........................................

Home Address: ......................................................................................................................

Home phone No:............................... Mobile No: .............................. Work No: ..........................

Another Contact: (In the case of no parent/guardian at home.)

Name: ......................................................................................................................

Address: ......................................................................................................................

Telephone: ......................................................................

MEDICAL:

Does your child have any allergies? YES / NO
(If yes, give details of all allergies please.)
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Is your child taking any daily medication? YES / NO
(If so, please detail medicine and reason for administration.)
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Is your child an asthmatic: ......................... If so do they self medicate: .........................

If there is an emergency and you are unable to be contacted an ambulance will be called if required.

Signed: __________________________________________(Parent/Guardian) Date: _____________________