

Craigieburn Primary School

87-91 Grand Boulevard
P.O. Box 88, Craigieburn 3064
Tel: 9308 1228 Fax: 9305 5694
Email: craigieburn.ps@edumail.vic.gov.au



Principal: David Naismith
Assistant Principal: Pam Gouramanis
Assistant Principal: Jim Beattie
Business Manager: Sheryl Zugaro

8th October, 2018

2018 SWIMMING – Grade 1

Dear Parents,

In 2018 the Department allocated funds to allow a grade level of students to attend swimming lessons.

The school has decided to use these funds at the Grade One Level. We encourage all children to attend.

The children will be attending lessons at the State Swim Centre at the front of the school. We look forward to working with the centre, ensuring that all our students have the opportunity to learn to swim in a safe and friendly environment. This activity is an optional educational program.

The children will have ten 40-minute sessions within an intensive three week period.

There will be no cost associated with this program.

The following is a schedule of dates for the program

Children will attend on:

Thursday November 8th, Friday November 9th, Monday November 12th, Tuesday November 13th, Wednesday November 14th, Thursday November 15th, Friday November 16th, Monday November 19th, Tuesday November 20th, Wednesday November 21st

You will be notified closer to the date what actual times your children will attend.

The Swimming form needs to be returned by 25th October. If the school does not receive the attached form your child will not be able to attend.

If you have any further questions or difficulty with this timeline please feel free to contact me on 9308 1228.

Yours sincerely,

Belinda Bowman
Swimming Co-Ordinator



CRAIGIEBURN PRIMARY SCHOOL SWIMMING FORM

Please complete all sections and return the whole form and money

Dear Parents,

Although it is considered that every child should have the opportunity of participating in swimming lessons, the safety of the child must be the first consideration. It is a Government requirement to develop essential precautions to be taken in connection with the following medical conditions.

Could you please supply the following information to assist us in planning our swimming program?

CHILDS NAME: _____ **GRADE** _____

Please circle yes or no for each medical condition and fill in any relevant details in the boxes provided.

Medical Condition	YES/NO	Special Instructions	Special Emergency Treatment
Asthma or Respiratory Disorder	YES/NO		
Diabetes	YES/NO		
Convulsions/Seizures (Epilepsy)	YES/NO		
Rheumatic Fever	YES/NO		
Heart Condition	YES/NO		
Ear/Throat Disorder (Tubes)	YES/NO		
Periodic Loss of consciousness	YES/NO		
Allergies	YES/NO		
Vision or Hearing Problems (Glasses or Hearing Aids)	YES/NO		
Other relevant medical information			

By signing the permission form below you are providing consent for your child to participate in the swimming program with the above mentioned medical condition. This consent should indicate that your child's doctor has no objection to your child participating in swimming activities. Please indicate below if any medication is required.

MEDICATION: Type: _____ Dosage: _____ Time: _____

Other Information: _____

I give permission for my child _____ to attend the swimming program, and I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed: _____ **Parent/Guardian** **Date:** _____