

14 November 2019

Dear Parents

## RE: SWIMMING – LIFESAVING

Swimming and Lifesaving are an integral part of the Year 7-12 PDHPE and sport curriculum. All students in Year 8 in 2020 will be undertaking Lifesaving or Active Awards programs on Mondays from Week 7 Term 4, 2019 to Week 9 Term 1, 2020. These sessions will run from 11:30am – 1:30pm for the remainder of 2019, however times for 2020 are yet to be confirmed.

Students will be walking to and from Walcha Pool accompanied by staff members. All accompanying staff members have emergency care/CPR training.

Students should wear school sports uniform, a hat and apply 30+ sunscreen throughout each session. They will be expected to attend each week with the appropriate swimwear and any additional clothing required to complete their award.

Students will complete CPR as well as Lifesaving Awards or Active Awards. In the first 3 weeks of the program students will be placed in the award appropriate to their level. All requirements of the awards will be covered while at the pool and will be examined at the completion of the training at the end of Term 1 2020.

Students may choose to receive the RLSA Award/s they achieve. Parents will be advised of the cost of the awards when the program is completed. Alternatively, students may choose to get a school-based certificate at no cost.

For more information contact Sabina Armstrong on 67772777.

Please complete the attached note and return forms, including the swimming consent form, to the school office by Wednesday **20 November 2019**.

Yours sincerely

Sabina Armstrong  
HEAD TEACHER  
SECONDARY STUDIES

Ben Ussher  
HEAD TEACHER

Mark Hall  
PRINCIPAL

## PERMISSION NOTE: LIFESAVING PROGRAM YEAR 7

**PLEASE COMPLETE AND RETURN TO MRS BROWN OR THE FRONT OFFICE BY  
WEDNESDAY 20 NOVEMBER 2019**

I do/do not consent to ..... participating  
in the Lifesaving Program during sport, from Week 7 Term 4, 2019 to Week 9 Term 1, 2020.

I give/do not give permission for my child to receive medical treatment in case of emergency.

My son/daughter has the following special needs (please provide full details and include any relevant medical details).

.....  
.....

Please make sure to tick each box below that is appropriate to your child.

- ☐ I am aware that there is no personal injury insurance cover provided by the Department of Education for school activities.
- ☐ I am aware students will be walking to and from the school supervised by teachers.
- ☐ I give permission for my child to walk home from the pool at the end of the session.
- ☐ I am aware that if notes are not returned by the due date my child may be excluded from the Lifesaving Program.

### Water activities – response

In relation to the proposed water activities, I advise that my child is a:  
(please tick one)

☐ strong swimmer      ☐ average swimmer      ☐ poor swimmer      ☐ non-swimmer

NAME: .....  
Parent's name

SIGNATURE: .....  
Parent's signature

DATE: ..... / ..... / .....