



Cardiff North Public School

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Education

Activities Information Note Zone Swimming Carnival 2019

Dear Parent/Guardian,

Your child has qualified to represent Cardiff North PS at the Crossroads Zone Swimming Carnival.

Excursion location:	Speers Point Pool						
Date:	Thursday 21st February						
Cost:	\$5 total. Spectators to pay upon entry.						
Transport:	Private transport						
Time:	9.00am - 2:45pm The specialised strokes (100m and medley) will commence at 8:30am sharp.						
Students attending:	Students who qualified at the 2018 end of year swimming carnival						
Additional information:	Students are to wear their sports uniform, swimmers and a hat. Students are to bring a water bottle, recess and lunch. Students are to also bring a towel and sunscreen. There will be a canteen operating on the day. Parents can attend the event to support their child.						
Supervising staff:	Mr Piggott						
Due by (Permission note and payment):	Friday, 15 th February						
Your child has been entered in the following events:	<table border="0"> <tr> <td>50m freestyle age race</td> <td>50m backstroke</td> </tr> <tr> <td>50m butterfly</td> <td>50m breaststroke</td> </tr> <tr> <td>Junior/senior relay</td> <td>Additional events</td> </tr> </table>	50m freestyle age race	50m backstroke	50m butterfly	50m breaststroke	Junior/senior relay	Additional events
50m freestyle age race	50m backstroke						
50m butterfly	50m breaststroke						
Junior/senior relay	Additional events						

Mr Piggott
Excursion Organiser
23rd January, 2019

Mrs Corrigan
Principal

Privacy and Medical Disclaimer on reverse side of note

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Zone Swimming Carnival 2019

I _____ give permission for my child _____
of class _____ to attend the Zone Swimming Carnival on Thursday 21st February 2019.

Medical needs of my child (including medication)

In the case of an emergency, my contact number is _____

- I understand that private travel to and from the venue is required.
- I am **unable** to transport my child. I give permission for _____ to transport my child **to the venue**.
I give permission for _____ to transport my child **from the venue**.
- I am **able** to transport my child. If required, I am able to transport an additional _____ passenger/s. I understand if I am transporting additional passengers, I am required to attend the school office to complete and sign an Appendix 5 Declaration for Volunteers and Contractors, provide 100 points of ID and provide a current driver's licence and car registration details for sighting.
- I have enclosed payment of \$ _____ or I am coming to the office to pay via EFTPOS
- I have paid via POP. Receipt No. _____

Signed: _____ Date: _____

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.

Important Note:

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school
- Ensuring that the information is updated if it changes
- Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already agreed to by the school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen® /Anapen®) for example.