



Upper Invermein Swimming Carnival Permission
Thursday 9th February 2022

Dear parents and carers,

Please complete the attached permission note, select your child's events and return to your school as soon as possible. Children who can swim 50m are not permitted to enter learner's races. Do not send pool entry money to the school.

Start:	Roll call: 9:45 am
Event Start	10am
Finish:	2:20pm (this is an approximate time, could be finished earlier)
Venue:	Scone Memorial Pool, Guernsey St, SCONE 2337
Transport	Private transport
Cost	To be paid at the pool \$2.90 per student, \$2.40 for parent/helpers, \$4.60 parent swimmers
Lunch/Recess	Scone pool kiosk is available on the day for recess and lunch. Please ensure children have a water bottle for the day.
Uniform	Swimmers, towel, rash shirt, sunscreen, thongs, goggles and swimming cap if desired, sports uniform, school hat and warm clothes if required.

Important information

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child/ward's involvement in the sport program offered by the school, school sport zone, region and state school sport Associations when deciding whether additional insurance cover is required prior to their child/ward's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/Carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements, as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.

Yours sincerely,

Mr Shane Roberts

Principal Belltrees Public School

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School's Name: _____ Child's Name: _____ Date of Birth: _____

Medical Details:

Parent/Caregiver's Full Name: _____ Contact No: _____

Emergency Contact Person: _____ Contact No: _____

Medicare Number: _____ Expiry Date: _____

Date of my child's last tetanus injection: _____

My child is allergic to: _____

Does your child have an ASCIA action plan? Yes (a copy must be attached with this form) No

My child is currently taking _____ for _____

(Medication Name)

(Condition)

Please tick the appropriate boxes below:

- I consent to my child _____ participating in the selected activities below.
 - Medical and emergency contact information currently held **my school** is up to date.
 - I affirm that, to the best of my knowledge, my child/ward has no medical condition or injury that places him/her at risk by participating in this sport activity.
 - In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for expenses incurred.
 - I understand that students will be required to listen for their events and make their way to the marshalling area immediately when announced.
- Yes No I give permission for any photography taken on the day which includes my child to be displayed on any or all of the Official Facebook pages or School Websites of any participating school.

Yes No I give permission for my child's photograph to be published in media outlets and publications

(Please note local newspapers may also publish their stories on their Facebook page / website)

Name to be used in media: Full Name First Name Only No Name

I have read, understood and will adhere to the UHPSSA Code of Conduct that has been provided.

Parent Signature

Child's Signature

Date

- Is your driver's licence and registration details held at school up to date?
- I understand there will be no additions to event entries after 3rd February, 2023.

My child will be participating in:

- 50m freestyle 50m backstroke 50m breaststroke 50m butterfly
- 200m medley (1 lap butterfly, 1 lap breaststroke, 1 lap backstroke, 1 lap freestyle)
- 100m freestyle (2 laps freestyle)
- My child will only be participating in the 25m learner events.

Signature of parent or caregiver Date.....