



GYMPIE WEST STATE SCHOOL

9 September 2025

Term 4 Swimming Program | 5R and 5S

During Term 4, students in **5R and 5S** will be participating in the Royal Life Saving 'Swim and Survive' program. During the program they will learn stroke development and water survival skills.

Students will travel by bus to Deep Blue Aquatics Swim Centre. Program dates and bus times are listed below.

Class	Day / Dates	Bus Departs	Program Time	Bus Returns
5S	Wednesdays 15, 22, 29 October and 5, 12 November	10.45am	11am – 11.30am	12.15pm
5R	Wednesdays 15, 22, 29 October and 5, 12 November	10.45am	11.30am – 12 noon	12.15pm

There is **no cost** involved as we have received a grant from Sporting Schools to run the program – this grant covers travel, pool entry and swim coaches. Our school P&C has also contributed to ensure there is no cost to parents/carers.

Your child will need to bring:

- Togs
- Rash shirt
- Towel
- Goggles
- Thongs to wear to the pool
- Sunscreen and hat
- Water bottle.

Please remember to name all of your student's items.

Students with long hair must have it tied back or wear a swimming cap. Jewellery such as earrings, rings, watches or hair clips are not allowed in the pool as they can damage the pool's filtration equipment if they are lost in the water. The usual standards of hygiene and behaviour are expected, and a student may be asked to leave the pool if they fail to comply with these rules.

Even though Education Queensland regards 'Learn to Swim' lessons as a high-risk activity, Gympie West State School has put in place many control measures to minimise the risk of injury to our students, for example small groups and trained swim coaches.

Please sign the attached consent form to provide permission for your child to attend.

Alana Scott
Principal

Anthony Schofield
Physical Education Teacher

ACTIVITY CONSENT FORM

SWIMMING PROGRAM FOR TERM 4 – 5R, 5S

Privacy notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child, _____ in class _____ to participate in the swimming program activity as outlined above.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on registration/enrolment and where relevant have updated this information.
- I give consent for my child to travel to and from swimming lessons by bus transport.

Parent/Carer's name: _____ (Please print)

Parent/Carer signature: _____ Date: ____/____/____

Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

You may also wish to update/provide the following optional information*:

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ Membership No.: _____

*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

☐ I would like this additional information about my child's medical information to be recorded in OneSchool records.