Aspirational. Inclusive. Resilient.

Activity Consent – Prep – Year 2 Swimming

Privacy Statement
The Department of Education is collecting the personal information in this form in order to:
- *obtain consent for the named child/student to participate in the excursion;*
- *help coordinate the excursion;*
- *respond to any injury or medical condition that may arise during or as a result of the excursion; and*
- *update school records where necessary.*

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

Dear Parent/Carer

Swimming lessons are an integral and essential part of young people becoming confident and competent swimmers. Our swimming program aims to develop confident and competent swimmers who display the skills, knowledge and confidence required to enjoy swimming and other aquatic activities safely.

Program Implementation:
The school's swimming program will be organised and coordinated by Mrs Alannah Wilson (AusSwim Trained), with a number of staff present for suitable supervision. There will always be three staff in the water.

Activity Details:
- Swimming starts in **Week 3 – 21st October**
- Swimming will consist of one 45-minute lesson per week, for 4 weeks.
- Those students not participating will be supervised in an alternative classroom setting.
- Students with ear infections, throat infections, colds and other contagious infections will not be permitted to enter the water, until they have recovered.
- Students **must** wear sun safe swimming attire.
- Aitkenvale behaviour expectations will be followed.
- Please see the advised days students will be swimming

Tuesday	Wednesday	Thursday	Friday
2B	Prep A	1B	Prep B
	2A	1A	2C

If you wish for your child to participate in the activity, please complete the consent form and return to the office by the due date of **Thursday 16th October 2025** so that the final arrangements can be organised. If **not returned** by the due date, your child will not be able to swim on the day, due to safety and supervision requirements. For further information about the activity, please contact Aitkenvale State School on (07) 4421 2333.

Yours sincerely,

Lee Braney
Principal

Alannah Wilson
HPE Specialist

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Activity Consent Form – Prep – Year 2 Swimming

Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the excursion (including any attached material)
- I am aware that the department does not have personal accident insurance cover for children/students.
- **I give consent for the named child/student, _____in class_____ to participate in the Prep – Year 2 Swimming.**
- **I DO NOT give consent for_____ in class _____.**
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their 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 with all relevant details of the child/student's medical or physical needs on registration/enrolment and where relevant have updated this information.
  I give consent for child/student contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for the duration of this excursion	Name:		
	Phone number/s:		

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 excursion described in the form.

_____

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

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

Medicare No.: _____

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

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