



Thursday, November 24, 2022

## Blaxland Public School Swimming Carnival

Wednesday February 1<sup>st</sup> 2023

Dear Parents/ Carers,



**Where: Glenbrook Pool**

**When: Wednesday, February 1<sup>st</sup> 2023**

**Cost: \$15 which includes the cost of the bus and pool entry.**

**Final day for Payment: Tuesday, 13<sup>th</sup> December 2022**

Our annual school swimming carnival will be held on **Wednesday, February 1<sup>st</sup> 2023** at Glenbrook Pool. Primary children will leave school at 9.15am by bus with the carnival beginning at 10 am. K-2 children will not be involved and will remain at school. 8 year old Year 2 students who are strong swimmers may also choose to participate.

A school team will be selected to represent the school at district level.

The pool canteen facility will be available during breaks in the program but it is recommended that children bring a packed lunch and drink. As well, it is important that children have necessary sun protection by bringing coloured house t-shirts or rash shirts, sun block, hat and water in a drink bottle.

As is always the case the school relies heavily on parental help to run the carnival. If you are available to help please let Mr De Mattia know. Helpers will be needed at 10 am so that the events can start on time. Thank you so much, in advance!

**Please complete the permission note (indicating your child's swimming ability) and medical note and return (with payment if possible) by Term 4 Week 10 (Tuesday 13<sup>th</sup> December 2022)**

Jordan De Mattia  
Sports Coordinator

Karen Ellis  
Principal

## Medical Note

### BPS Swimming Carnival Wednesday 1<sup>st</sup> February 2023

|   |      |        |  |
|---|------|--------|--|
| Student name  |      | Class  |  |
| <b>Parent or caregiver contact details</b>  |      |        |  |
| Name:   |      |        |  |
| Address:  |      |        |  |
| Home phone  | Work | Mobile |  |
| <b>Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)</b>   |      |        |  |
| Name  |      | Phone  |  |
| Name  |      | Phone  |  |
| <b>Doctor contact details</b>   |      |        |  |
| Name:   |      |        |  |
| Address   |      |        |  |
| Doctor's telephone:   |      |        |  |
| <b>List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.</b>                                    |      |        |  |
|   |      |        |  |
|   |      |        |  |
| <b>Outline special dietary needs including possible reaction to inappropriate diet</b>  |      |        |  |
|   |      |        |  |
|   |      |        |  |
| <b>Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions</b> |      |        |  |
|   |      |        |  |
|   |      |        |  |
| Signature   |      | Date   |  |

### **BPS Swimming Carnival Permission Note**

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the BPS Swimming Carnival at Glenbrook Pool on Wednesday 1<sup>st</sup> February, 2023 travelling by bus. I have enclosed \$15.00 payment.

Circle one option below:

**Swimming ability of my child:**      Strong    Average    Poor    Non-Swimmer

Receipt No \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_