

# KENMORE STATE SCHOOL

Our Vision: Strive, Create, Achieve  
Our Values: Respect, Responsibility, Resilience

켄모어 초등학교에 오신것을 환영합니다  
CRICOS Provider Number: 00608A



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Kenmore Qld 4069  
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## **SWIMMING CONSENT FORM - 2020**

School swimming commences in week one of Term 1 and Term 4. Students will participate in a thirty minute swimming lesson once a week as part of their Physical Education program.

The following swimming consent form, signed by a parent/carer, is required for each child participating in the swimming program, and other activities conducted in the school swimming pool. No child will be permitted to enter the pool unless this signed form is held at the school.

It is essential that parents/carers indicate in the appropriate space any medical or physical condition which may place a child at risk in the water. If such a condition is considered to be serious enough to preclude a student from any participation in the program, a medical certificate will be required.

This consent form must be returned to your child's teacher before swimming commences in week 1 of term 4 (week 2 for Prep students).

**Note: swimming caps and swimming shirts (rashie) must be worn in the pool.**

Please contact your teacher or Mr Mark O'Kearney (PE teacher) if you have any questions about swimming.

Yours sincerely,

Ingrid Freeman  
Principal

## Kenmore State School – Swimming Consent

I give consent for my child ..... in Year ..... to participate in the school's swimming program and other activities involving the use of the school swimming pool in Term 1 and Term 4, 2020.

### **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, \_\_\_\_\_ <insert child's name> in \_\_\_\_\_ <insert group/class details>, to participate in the Kenmore State School Swimming Program.
- 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.

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.

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### **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.