

ILLAROO ROAD PUBLIC SCHOOL

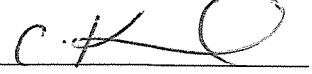
Swimming Carnival 2018

- DATE:** Friday 9 February 2018.
- VENUE:** Nowra Aquatic Centre, Scenic Drive, Nowra.
- TIME:** **Depart** school (Illaroo Road Bus Zone) at 9.10am. Report to COLA at 9.00am.
Return to school at 2.35pm.
- COST:** \$6.00 per student
- WHO GOES?:** All primary pupils should attend (Years 3 - 6)
- TRAVEL:** By bus
- CLOTHING:** School sports uniform, swimmers, towel, warm clothing, hat, sun-protective clothing
- WHAT TO TAKE:** 1. Recess, lunch, water (plenty to drink), hat, sunscreen.
- OPTIONAL MONEY:** No canteen available
- STAFF:** All primary staff
- RULES:**
1. Wearing of school hats is compulsory. **No hat, no go!**
 2. **Sun Safe Policy says that "no sun cream, no go".** Children must have sun cream with them for this excursion.
 3. Children will be taken out of the sun every half hour to apply sun cream.

All teaching staff members have emergency care and CPR certification.

This excursion has been approved by the principal.

Principal: 
J. Piggott

Teacher in Charge: 
C. Klein

Please complete the section below and return it to your class teacher by Friday 2 February, 2018



Illaroo Road Public School PERMISSION NOTE Swimming Carnival 2018

I hereby consent to my son/daughter/ward (full name) _____ class _____
participating in the swimming carnival excursion at Nowra Aquatic Centre, Cambewarra Road, Bomaderry on
Friday 9 February 2018. Travel will be by bus.

Special needs/instructions for my child are (include all medical / allergy details): _____

I understand that by signing this note I give permission for my child to receive medical treatment in case of
emergency.

Water or swimming activities - response

In relation to the proposed water or swimming activities, I advise that my child is a: (please tick one)

<input type="checkbox"/> strong swimmer	<input type="checkbox"/> average swimmer	<input type="checkbox"/> poor swimmer	<input type="checkbox"/> non-swimmer
---	--	---------------------------------------	--------------------------------------

I advise that my child requires the following flotation device to assist him/her in the water:
.....

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I understand that by signing this note I give permission for my child to participate in the water or swimming
activities.

Signature of parent/guardian: _____ Date: _____

WANTED - PARENT HELPERS

I am able to help at the IRPS swimming carnival

Name:

Phone number: