

# ILLAROO ROAD PUBLIC SCHOOL

## Swimming Carnival 2019

- DATE:** Tuesday 12 February 2019.
- 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 -kiosk will be open
- STAFF:** All primary staff
- RULES:**
1. Wearing of school hats is compulsory. **No hat, stay in the shade**
  2. Sun Safe Policy states that children must have sun cream with them for this excursion.
  3. Students are reminded to reapply 30+ (or higher), broad spectrum and water resistant sunscreen prior to outdoor activities such as carnivals and excursions.
  4. A short, supervised session will be made available to students in the waterpark.

**No free swim available**

All teaching staff members have emergency care and CPR certification.  
This excursion has been approved by the principal.

Teacher coordinator:   
S. Brown

Please complete the section below and return it to your class teacher by Tuesday 5 February, 2019

### Illaroo Road Public School PERMISSION NOTE Swimming Carnival 2019

I hereby consent to my son/daughter/ward (full name) \_\_\_\_\_ class \_\_\_\_\_  
participating in the swimming carnival excursion at Nowra Aquatic Centre, Scenic Drive, Nowra on Tuesday 12  
February 2019. 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
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I advise that my child requires the following flotation device to assist him/her in the water:  
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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: .....