Dear Parent or Caregiver,

This activity has been planned to supplement the following work being done in the classroom.

Commencing Monday 13th February, 2012 all students will be given the opportunity to participate in a two week swimming clinic that will be held at school. The swimming clinic will be conducted by qualified instructors employed by the Department of Education. This program is important as it provides opportunities for students to learn to swim and to improve their swimming techniques. Students learn how to be safe in the water and it also provides an opportunity for students to be fit and active promoting a healthier lifestyle.

The cost of the excursion is: **NIL**

The staff member with first aid training is: **Toni Young**

Students will need the following items during this activity:

- [X] swimming costume and/or board shorts
- [✓] sunhat
- [✓] sunscreen
- [✓] water bottle

The following advice and response is attached: [ ]
I do [ ] / do not [ ] consent to ___________________________ participating in a two week swimming clinic at school commencing Monday 13th February, 2012 until Friday 24th February, 2012 (inclusive).

My son / daughter / ward has the following special needs (please provide full details and include any relevant medical details):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I give [ ] / do not [ ] permission for my child to receive medical treatment in case of emergency.

Please return this form, to the class teacher by: **Friday 10th February, 2012.**

Name of parent / caregiver ___________________ Signature of parent / caregiver ___________________ Date ___________________