



HARLAXTON STATE SCHOOL

110 Ruthven Street, Toowoomba Qld 4350

ABN 98 897 501 687

Checklist for Swim Bag

2024 Water Safety/Swimming Program Harlaxton State School

Students are required to participate in this program in Term 1 & 4 at Harlaxton State School.

Please ensure all items (**including school uniform worn to school**) are labelled with names. All items need to be in a bag. See checklist for items needed. Students should not arrive at school with togs under their clothes for hygiene reasons.









Swimming is part of the Physical Education program for our school.

If your **child is unwell** and not able to swim please send a **short note with their name and reason for not swimming. Please date and sign this note.** It will be assumed, that if your child forgets their swimming bag and has no note, that you are happy for the school to provide clean togs and towel. We do not want them to miss their swimming lesson.

There is no cost for this program as the pool is on the school site and staffed with Harlaxton staff. Please see below table for your child's swimming day/s.

Yours sincerely,

Mandy Norton-McNeill
Principal

Swim shirt	
Togs / swimmers (one piece only)	
Swim pants or spare undies	
Swim shorts	
Swim cap	
Towel	
Goggles (optional)	
bag	

Class Swimming Days

Mondays – Year 2 (Miss Miller), Year 3/4 (Mrs Peach) and Years 5/6 (Mr McDougall and Miss Macfarlane).

Tuesdays – Year 1 (Mrs Croxon/Mrs Crispin and Year 4 (Mrs Crouch).

Fridays – Prep 0 (Mrs O'May) and Prep/1 (Mrs Hazeldene) and) Year 3 (Miss Gibbs).

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Learn to Swim HPE Lessons Term 1 and 4, 2024

Privacy Notice

The Department of Education and Training (DET) 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 s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

Please note that the Department of Education and Training does not have personal accident insurance cover for 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 be 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 (below) 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 of Education and Training does not have personal accident insurance cover for students.
- 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 of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

I give consent for my child, _____

in class _____ to participate in **learn to swim lessons during Term 1 and 4 2024.**

Parent Name:

Parent Signature:

Date: ____ / ____ / ____