### SACRED HEART COLLEGE



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Friday, 6 November 2015

## Australian Curriculum Health & Physical Education Swimming Program for Grade 7 & 8

#### Dear Parents/Guardians

Part of the Physical Education program for all students Grade 7-10 is a three-week swimming program. The program this year will take place at Glenorchy Pool and will be covering areas such as rescue techniques, safe entries and survival skills.

Water safety is an integral part of the Australian Curriculum Health & Physical Education program and it is important that all students take part. Students must take part either in a practical way (in the water) or a theoretical way (at school in the classroom). If for any medical reason your child can not participate in the pool sessions, please inform the College in writing at the email address listed below.

Teachers and instructors working with students in the pool will have a minimum qualification of a Bronze Medallion.

Students will complete the swimming program in their normal PE lessons over 3 weeks. Students will be transported to and from the Glenorchy Pool by bus and should wear appropriate swimwear which can include board shorts and rash vests, bikinis are not recommended. Goggles and caps are not compulsory at the Glenorchy Pool but goggles are a good idea. Students will be responsible for all their own gear (towel, bathers, goggles, bags etc.).

The dates and times for each class are outlined below:

| Class           | Date                               | Time          |
|-----------------|------------------------------------|---------------|
| O7HPEA / 7HPEB  | Tuesday 17 <sup>th</sup> November  | 11.30 – 12.30 |
| 07HPEC / 07HPED | Thursday 19 <sup>th</sup> November | 11.30 – 12.30 |
| 08HPEC / 08HPED | Thursday 19 <sup>th</sup> November | 9.20 – 10.20  |
| 08HPEA / 08HPEB | Friday 20 <sup>th</sup> November   | 1.50 – 2.50   |
|                 |                                    |               |
| 08HPEC / 08HPED | Monday 23 <sup>rd</sup> November   | 9.20 – 10.20  |
| O7HPEA / 7HPEB  | Tuesday 24 <sup>th</sup> November  | 9.20 – 10.20  |
| 08HPEA / 08HPEB | Tuesday 24 <sup>th</sup> November  | 11.30 – 12.30 |
| 07HPEC / 07HPED | Thursday 26 <sup>th</sup> November | 9.20 – 10.20  |
|                 |                                    |               |
| О7НРЕА / 7НРЕВ  | Tuesday 1st December               | 11.30 – 12.30 |
| 08HPEC / 08HPED | Thursday 3 <sup>rd</sup> December  | 9.20 – 10.20  |
| O7HPEC / O7HPED | Thursday 3 <sup>rd</sup> December  | 11.30 – 12.30 |
| 08HPEA / 08HPEB | Friday 4 <sup>th</sup> December    | 1.50 – 2.50   |

#### <u>Informed Parent Consent:</u>

In line with the College's Excursion Policy a thorough risk management plan, identifying and assessing the risks associated with any excursion, is completed before the approval of any excursion. The SHC Excursion Policy and Procedures can be viewed on the SHC website at <a href="https://www.shc.tas.edu.au">www.shc.tas.edu.au</a> (on the Home page, Policies, SHC Policies, Staff – Excursions Policy and Procedures).

#### Parent Permission:

Please sign and return the attached permission slip to:

- 1. Confirm your child's participation in the swimming program. As outlined above the swimming program forms part of the Australian Curriculum Health & Physical Education. Please contact me in writing/by email if there is a medical reason your child can not participate in the pool sessions so they can be included in the theoretical program.
- 2. Please complete the Medical Alert Reminder if there is any relevant medical information staff need to be aware of.
- 3. Please complete the details as requested to provide staff with an idea of your child's swimming ability.

We look forward to a very successful program.

Yours sincerely,

Mrs Kerri Miller Head of Health & Physical Education kerri.miller@shc.tas.edu.au

## Permission

# Health & Physical Education Swimming Program Please return to the school office on Friday 13<sup>th</sup> November

| Student Name:  |  | Core Group :                 |  |
|--|--|------------------------------|--|
| I have read all of the information provided by the school in relation to the Health & Physical Education Swimming Program to be held at the Glenorchy Pool from 16 November to 4 December. |  |                              |  |
| I give permission for my daughter/sonattend.   |  | (full name) to               |  |
|  | child to travel in any form of public trans<br>ble for the safe conduct of the excursion   | · ·                          |  |
| I give my consent for n arranged as part of this e   | ny child to participate in all activities, ovent.  | outings, trips and functions |  |
| I have provided the school with all relevant details relating to my child's medical or physical needs and where relevant have updated this information.                                    |  |                              |  |
| Where the teacher-in-charge of the excursion is unable to contact me, or it is impracticable to contact me, I authorise the teacher-in-charge to:  |  |                              |  |
|  | aid as the teacher-in-charge judges to be<br>eceiving any medical or surgical attentior  |                              |  |
| Medical Alert Reminder: (please complete if this applies to your child)  |  |                              |  |
| Child's Name:  | requires   | (medication) to be taken on  |  |
|  |  |                              |  |
| <u>C</u>   | onsent to Take Part in Swimming or Aquatics  | Activities:                  |  |
| Please indicate your child's ability level for water based activities:   |  |                              |  |
| BEGINNER - n   | o previous swimming experience   |                              |  |
| ☐ INTERMEDIATE - se  | ome or limited swimming experience   |                              |  |
| ADVANCED - c   | ompetent and confident swimmer   |                              |  |
| ✓ I understand that sch  | my child named above to participate in swimmir<br>nool staff will be present and provide supervision<br>e swimming or aquatic instructor will be in charge | for safety.                  |  |
| Parent Name:   |  |                              |  |

Signature:

Contact No: