SWIMMING LESSONS - 2014

Swimming lessons are part of our P.E. curriculum and all students are expected to take part unless other arrangements have been made (e.g. Yr 6 class are exempt as they had an aquatics camp in lieu).
For the Rec – Yr 5 classes there will be 4 lessons in Week 7.
For the Yr 7 class there will be 4 lessons in Week 8 (due to HS transition)
The Swimming Carnival will be at the end of Week 8 - Friday 5/12/14.
Costs have been negotiated with the Swim Centre and families will be billed with Term 4 fees. If you have a Valleys Pool Season ticket please contact the school as you won’t be charged admission for these lessons.

WEEK 7 (24th – 27th Nov.)
10.45 – 12.00 Yr 5 3 groups
Yr 2/3 2 groups

LUNCH 12-12.30

12.30 – 1.45 Yr 3 3 groups
12.30 – 1.10 Rec/1 2 groups
1.10 – 1.50 Rec 2 groups
1.45 – 3.00 Yr 4 3 groups
1.45 – 2.25 Yr 1 2 groups
2.25 – 3.00 Yr 2 2 groups

WEEK 8 (1st Dec to 4th Dec)

12.00 – 1.15 pm Yr 7 3 groups
Swim Carnival Friday 5/12/14

Please return the Swim/Aquatic Consent Form before the start of the swimming lessons – 1 form to be completed for each student.
For swimming, your child will require –
- Bathers
- Towel
- Suntop/ Tshirt
- Trackpants
- Jumper
- Thongs/sandals
- Medication (if stated on Medical Information form- eg asthma requires medication and action plan please.)

All the above should be brought to school each day in a swimming bag.
If there are any queries please see your class teacher.
# SWIMMING/AQUATIC CONSENT FORM

**Name of Child** 
(Given Names) (Surname)

**School:** St Joseph's School, Clare

As a Parent/Guardian of this student, I give my consent for him/her to participate in Swimming or Aquatic Activities and agree to the delegation of authority to the staff and/or instructors involved.

I submit the attached medical information and include the details of limitations which he/she has for the activities concerned.

Signed  

Date: .......... / .......... / ..........

## MEDICAL INFORMATION
This information can protect your child

<table>
<thead>
<tr>
<th>Does your child have any of the following medical conditions?</th>
<th>Circle as appropriate</th>
<th>Further information or special instructions (please send any required medication)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy (particularly bee-sting allergy)</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Breathing disorder (particularly Asthma)</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Ear disorder (particularly drainage tubes or deafness)</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Epilepsy (whether mild or severe)</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Fainting/Dizzy spells (or other sudden loss of consciousness)</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Other relevant information</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

**Reminder:** If you circle YES, instructors will require a Medical Action Plan/Instructions to be attached to this form.