

# Extra-curricular Activities for 2023

## Parent Information Sheet

During 2023 your child/ren will have the opportunity to participate in extra-curricular activities which require a signed parental permission and medical form.

We will provide details of activities as they approach, however, by signing the attached permission form, you will not be required to do so throughout 2023 for **the below** activities, unless required to provide consent for your child's name to be given to businesses visited during this activity in compliance with Queensland Chief Health Officer's **Restrictions on Businesses, Activities and Undertakings Direction (No. 4) (or its successor)**.

### Activities:

		Date:	
<b>Swim and Survive Program</b>	Term 1	Week 8	\$35.00
<b>School performing tours</b>			
Life Education Healthy Harold	Term 2	5 – 7 June	\$ 7.00
Percussion Performance	Term TBA	TBA	\$ 6.60

The costs of these activities are included in the **School Requisite Scheme 2023**, so please ensure you are up to date with your payments to guarantee your child's participation in the above activities.

Please note, we require an separate permission form for each child and the Medical Form **MUST** be completed prior to your child commencing the swimming program

## **SWIM and SURVIVE PROGRAM**

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During Term 1, all children in years **Prep to 6** will be participating in a **Swim and Survive Program at Tobruk Pool, North Ward**. Swimming is a compulsory part of the Physical Education Program and every child needs to participate. Children at all levels of swimming ability will receive 40 minutes of excellent instructions by accredited swim teachers. With our North Queensland lifestyle, not all swimming occurs in the relative safety of a pool, therefore the lifesaving component, in addition to the swimming instruction, is very beneficial for your child/ren.

Please note that as swimming occurs **each day** for that week, students need to bring their swimming attire every day. Unfortunately, they will not be allowed to ring home if they forget their items.

**Swimming attire:** togs, swim shirt, sun screen (applied before going), thongs (only to wear to/from pool) and towel and all items, including clothing, are to be clearly marked.  
Long hair needs to be tied back and all jewellery removed before they get on the bus.

## □ SCHOOL TOURS

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- **Life Education - Healthy Harold**

The Healthy Harold programme supports children to develop life skills, gain knowledge and understanding of their bodies and enable them to make healthy choices, as well as develop a positive self-image and relationships with others. Different programs are delivered to different year levels depending to ensure age appropriate content.

- **Percussion Performance**

Featuring some never-before-seen instruments, students and teachers alike will be captivated by how even the simplest of objects can be used to make amazing music.

The incredible home-made instruments demonstrate multiple aspects of the science of sound production in a fun and engaging manner while also showing students how they can recycle and re-use different items to come up with their own musical creations.

The students are an integral part of this interactive performance as we use body percussion to explore the different rhythms and grooves you can use to create music.

# Extra-curricular Activities for 2023

## Curriculum Support Activities – Permission Form

I \_\_\_\_\_, give my child \_\_\_\_\_

in Year \_\_\_\_ Class \_\_\_\_\_, permission to participate in the following activities during 2023:

**SWIM and SURVIVE PROGRAM**

\*\*\* Medical Form **MUST** be completed prior to swimming \*\*\*

**PERCUSSION DRUMMING PERFORMANCE**

**LIFE EDUCATION – HEALTHY HAROLD**

I understand and agree that my child will be travelling by bus to and from **Tobruk Pool, North Ward** for the Swim and Survive Program and is required to wear fully enclosed shoes.

My child has the following medical conditions: \_\_\_\_\_

\_\_\_\_\_

My child's Doctor is: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Position No: \_\_\_\_\_

### 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 and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- I will pay to the school the costs (as outlined in the SRS 2022) for my child's participation.
- 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 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's name to be given to businesses visited during this activity in compliance with Queensland Chief Health Officer's Restrictions on **Businesses, Activities and Undertakings Direction (No. 4) (or its successor)**

Parent/Carer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact No: \_\_\_\_\_ Date: \_\_\_\_\_



Townsville Central State School

# Medical Form

To be completed by parent/caregiver for all students.

**1. STUDENT DETAILS:**

<b>Name of Student</b>		<b>Date of Birth</b>	
<b>Emergency Phone / Mobile:</b>			

**2. MEDICAL CONDITION:** Please indicate below any known medical conditions relevant to the above named student. In those instances where there is a "YES" response, please describe the nature of the problem and provide a letter from your doctor.

MEDICAL CONDITION	RESPONSE	ADDITIONAL COMMENTS
Heart Problems	YES / NO	
Blood Pressure	YES / NO	
Respiratory problems (Other than Asthma)	YES / NO	
Asthma	YES / NO	Has written permission for student to administer own medicine been previously provided to the school? YES / NO If NO, please attach.
Epilepsy	YES / NO	
Operations	YES / NO	
Allergies (Please specify)	YES / NO	
Drug Reactions (Please specify)	YES / NO	
Recent illness	YES / NO	
Travel Sickness	YES / NO	
Anaphylaxis	YES / NO	
Other e.g.; diabetes	YES / NO	
Date of Most Recent Tetanus Injection.		
Is medication required while on the excursion?	YES/NO	Give details

**3. MEDICAL PRACTITIONER:**

Family Doctor:	Telephone: (    )
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<b>MEDICARE NUMBER</b>	
<b>PRIVATE MEDICAL FUND</b>	<b>Name of Fund Membership Number</b>