



Erskine Park High School

Pride In Achievement

78-82 Swallow Drive, Erskine Park NSW 2759
Website: www.erskinepk-h.schools.nsw.gov.au

Phone: 9834 3536 Fax: 9834 3864
Email: erskinepk-h.admin@det.nsw.edu.au

Swimming Carnival Information – Water

Dear Parent or Caregiver,

Your child is invited to attend the 2019 EPHS swimming carnival at Mt Druitt Swimming Centre. Students will attend roll call and then be promptly dismissed to the quad. All students are expected to attend as it is a normal school day.

An excursion to: **Mt Druitt Swimming Centre**

For: **Year 7-12**

On: **Friday 8th February**

The excursion has been planned to supplement work being done in the areas of:
Water safety, survival swimming techniques and leadership.

Cost: **\$10**

Payment date: **8th February (day of carnival)**

The excursion will depart from: Erskine Park High School at: **8.40am-9am**

The students will return to: Erskine Park High School at: **2pm-2:30pm**

The students will travel by: Bus

The students are to wear: **Full Sports Uniform (ENCLOSED SHOES TO & FROM POOL)**

Students will need the following items on this excursion: **Swimwear, goggles, hat, sunscreen, towel**

Food: ☒ **Food and drink from home** ☒ **Food and drink from shop**

Teachers attending the excursion: EPHS Staff

Teacher with First Aid is: EPHS Staff, Venue Staff

NOTE: If you plan on taking your child via private transport please provide a written note prior carnival date

Water or Swimming Activities – advice

The excursion will involve the following water or swimming activities: Competitive Swimming Events

These activities will take place at: Mt Druitt Pool

The school will provide the following flotation devices to students who may require assistance in the water.

Excursion Co-coordinator

Head Teacher – Faculty

Principal



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Water Activities - Carnival Consent Form

EXCURSION CONSENT FORM – Complete and return to: Mr Brenner in PDHPE

I do/do not consent to my child in year participating in an excursion to on

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

– Special Needs (example: allergies, medication) ☐ YES ☐ NO

If yes, please provide details.....

This is important information as the organising teacher may not be aware of any special needs information that you have provided at enrolment, or they may have changed since that time.

Water or swimming activities - response

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

☐ strong swimmer ☐ average swimmer ☐ poor swimmer ☐ non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:.....

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

Emergency Details

Student's full name:		P. C Class:	
Medicare number		Year:	
Parent or caregiver contact details			
Name:			
Home phone:		Work:	
		Mobile:	
Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)			
Name:		Phone:	

Parent/Guardian signature: **Date:**.....