



# Broadmeadows Valley

PRIMARY SCHOOL

Dimboola Rd  
BROADMEADOWS. VIC. 3047

Tel: 9309 4066  
Fax: 9309 5236

## SWIMMING PROGRAM

Dear Parents,

This year's swimming program for all students from Grades Prep-2 and 5/6, will take place in November and will be held at the newly renovated Broadmeadows Leisure Centre. The students will participate in an intensive 8 session program. Students will attend 1 session per day and will walk to the Leisure Centre escorted by a teacher.

### SWIMMING PROGRAM DATES

**Monday 16th November – Thursday 19th November**  
**12.15pm-1.00pm**

**Monday 23<sup>rd</sup> November – Thursday 26th November**  
**1.00pm-1.45pm**

The program will provide our students with an invaluable opportunity to improve water safety knowledge build confidence when in water and develop correct stroke techniques.

The program caters for all levels of ability: from non-swimmers to proficient swimmers. We invite and encourage all students from grades Prep-2 and 5/6 to participate.

**COST = \$65**

**A qualified instructor and the cost of pool admission are covered in the total cost of the program.**

**Students are responsible for bringing their swimming attire to school.**  
**NO PHONE CALLS will be made home if they fail to do so.**

- Payment is required in FULL and must be paid by the end of office hours on Monday 9<sup>th</sup> of November.
- All payments MUST be given to your child Home group teacher.
- Any questions, issue or enquiries regarding payment can be answered by the office staff at BVPS.

Regards, BVPS Staff



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## SWIMMING MEDICAL INFORMATION & PERMISSION FORM

Does your child suffer from the following? If so, please give relevant details.

EPILEPSY .....

ASTHMA .....

Is your child currently suffering from any of the following?

EAR INFECTION ..... THROAT INFECTION .....

PAPILLOMA..... COLD OR FLU .....

Any other contagious infection or illness .....

.....

Is your child currently under any medical treatment or taking any prescribed drugs? If so, please give details.

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I give permission for my child ..... in Grade ..... to attend the Swimming / Water Safety Program at the Broadmeadows Leisure Centre on Monday 16<sup>th</sup> to Thursday 19<sup>th</sup> November and Monday 23<sup>rd</sup> to Thursday 26<sup>th</sup> November, 2015.

Where the teacher in charge of swimming is unable to contact me, or it is otherwise impracticable to communicate with me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signed: ..... (Parent/Guardian)

Date:.....

Child's Name: ..... Grade: .....

Medicare No ..... Emergency Contact Phone No. ....