14th February, 2012.

2012 DISTRICT SWIMMING CARNIVAL – WAUCHOPE POOL

Dear Parent/Carer,

Congratulations! Your child has been selected to compete as part of the Port Macquarie Public School Swimming Team that will compete at the District Carnival at Wauchope Pool on Monday, 20th February, 2012.

WHERE: Wauchope Olympic Pool

TIME: Marshalling commences at 8.15am for 100m freestyle. Other events marshalling will commence at 9.00am.

TRAVEL: Due to the early start and possible finishing time going beyond 2.45pm parents are asked to arrange for their own child to be taken to and from the pool. All students are to report to Mr. Jonas on arrival.

COST: Entry to the Wauchope Pool will be $2.50 for competitors and $1.10 for spectators. This is payable to the pool upon entry.

CANTEEN: A canteen and BBQ will operate on the day at the pool.

UNIFORMS: Students must wear their school uniform.

TEACHERS: Mr Munro and Mr Jonas will be in attendance on the day.

Please complete and return the attached permission and medical information note to Mr. Munro on Friday, 17th February, 2012.

REMEMBER: $2.50/$1.10 POOL ENTRY IS PAYABLE UPON POOL ENTRY ON THE DAY.

Paul Munro,
ORGANISER.
I hereby give permission for my child ______________________________ of Port Macquarie Public School to participate in the 2012 District Swimming Carnival on Monday, 20th February, 2012 at the Wauchope Pool. I understand that I will need to organise private transport and pay the pool entry fee as my child enters the pool.

Parent/Carer’s name: ______________________________ Signature: ___________________

Please complete the following section – all details will be treated as confidential.

1. My child is currently taking the following medication: ________________________________

   Please give full administration details: _____________________________________________

2. Has your child been fully immunised against tetanus? Date of last injection: ______________

3. Any further relevant medical information: ____________________________________________

4. Please supply your Medicare number: _____________________________________________

5. Does your child suffer from (please circle):
   
   asthma    YES/NO    epilepsy, fits, blackouts    YES/NO
   
   skin conditions    YES/NO    any other illness, condition and/or disability    YES/NO
   
   diabetes    YES/NO

   If yes, please give details: ________________________________________________________

6. Does your child have an allergy to any medications?    YES/NO

   If yes, please give details: ________________________________________________________

7. In the event of an accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also authorise the administration of anaesthetic if the attending medical officer deems this necessary. I am aware the escorting teachers will make every possible endeavour to contact me before these emergency procedures are taken.

   Name of Parent/Carer: _____________________________________________________________

   Contact telephone numbers: Home ___________________________ Work _____________________

   Mobile _____________________ Mobile ___________________

This form is to be completed and given to Mr Munro by Friday, 17th February, 2012.