

**Narrandera High School Swimming Carnival**  
**Thursday 10<sup>th</sup> February 2022**  
**Structured Aquatic Activities - Permission Note**

Student's Name: \_\_\_\_\_

Student's Year: \_\_\_\_\_

**Structured Aquatic Activities - Advice**

The excursion will involve structured aquatic activities: **Swimming (NHS School Swimming Carnival)**

These activities will take place at: **Lake Talbot Swimming Pool - Narrandera**

**Structured Aquatic Activities - Response**

**PLEASE CIRCLE BOTH PART 1 and PART 2**

1. In relation to the proposed structured aquatic activities (**please circle response**):

a) My child is **permitted** to go in the water

b) My child is **not permitted** to go in the water

.....

2. If your child is permitted to go in the water: (**please circle response**). My child is:

• **A non-swimmer:** My child is unable to swim

• **A weak swimmer:** My child is comfortable and confident in shallow water but cannot swim very well

(Not to enter the 50m Pool)

• **An average swimmer:** My child is a reasonable swimmer but is not very strong or confident in deep water

(Competent in 50m Pool)

• **A strong swimmer:** My child is a strong swimmer and is very confident in deep water (Competent in 50m Pool)

**Structured Aquatic Activities - Transport – Please CIRCLE Response**

In relation to the proposed structured aquatic activities (please circle response):

My child will:

a) Be walking home at the conclusion of the carnival

b) Be picked up from the carnival by me

c) Be picked up from the carnival by \_\_\_\_\_ (please indicate name of driver)

d) Other \_\_\_\_\_ (please indicate arrangements or contact the school on 69591744)

**Covid Acknowledgement / Medical Permission**

1. *I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.*
2. I give permission for the teacher in charge and/or supervisors to administer or authorise whatever first aid they may feel is necessary should the need arise.

**Parent Signature (Please sign and date below)**

\_\_\_\_\_  
Signed Parent / Care giver

\_\_\_\_\_  
Date