7 February 2019

Health and Physical Education- 2019 - Workplace Health and Safety (WHS)

Dear Parent/Carer/Homestay Parent

Health and Physical Education (HPE) is a subject at Centenary Heights State High School that promotes wellness through, in and about physical activity and the learning of health-related and games-related theory. It is a subject that will challenge students physically, socially and intellectually through the participation in a wide range of physical activities, individual and team challenges and team interactions.

Your son/daughter will be participating in a range of practical activities across the program ranging from Low Risk to High Risk activities. All activities are mandatory except in incidences where medical certificates are provided. If your son/daughter has a medical condition that precludes him/her from participating, a medical certificate that details the timeframe for the exemption is required to be forwarded to your child’s HPE teacher as soon as the condition becomes evident. In particular, students with contagious infections are not permitted to enter the pool until they are fully recovered.

Your son/daughter will be participating in swimming throughout the year as part of the HPE program. The following information identifies management strategies to ensure student safety during swimming:

- This activity is conducted in a heated indoor pool to reduce the impact of environmental conditions.
- It is recommended that all students wear swimming cap and goggles to avoid entanglement and to protect eyes from the effects of the pool water cleansing additives.
- Students will be required to follow safety procedure upon entry to the pool and always act under the direction of their teacher/s or accompanying adult.
- Students will be required to advise their teachers should they feel significantly fatigued during the course of a lesson.
- Students should only take part in short duration underwater swimming when under close supervision.

For all other activities, it is a requirement that students wear appropriate sports uniform with particular emphasis on wearing a hat and applying sunscreen. It is also recommend that students supply and use their own water bottle each lesson. This ensures that students remain hydrated.

Parents/Carers please complete the attached permission and medical form to cover your child’s participation. All forms are required to be returned to your child’s HPE teacher by Monday 11 February 2019. Should any details on this form change please advise the school of these changes.

Please do not hesitate to contact me, Sandra Hearnden on 4636 7500 should you have specific questions/concerns about the program or your child’s participation.

We look forward to an active 2019.

Regards

Sandra Hearnden
Head of Department HPE

Maryanne Walsh
Principal
CONSENT FORM: HPE- Swimming

Activity Risks & Insurance
Please note that the Department of Education does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

☐ I hereby give permission for my child to participate in swimming as per the conditions of the letter attached and agree to delegate my authority to the teachers involved. Such teachers may take whatever disciplinary action they may deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually, in the above-mentioned activity.

☐ I also authorise the teachers to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the below student. With regard to an international student living in a homestay situation any medical costs will be covered by the student or natural parent.

☐ I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education does not have personal accident insurance cover for students.

Student Name: ___________________________________________________________ PCG: ________
Parent/Carer Name: ______________________________________________________
Parent/Carer Contact Details: ______________________________________________
Additional Emergency Contact: _____________________________________________
Medical conditions to be aware of: __________________________________________

________________________________________________________ Date: __/____/____
Parent/Carer Signature: _________________________________________________

Please indicate what you believe to be your child’s swimming ability to be:

☐ Non-swimmer
☐ Non-confident swimmer
☐ Able to swim at least 25m confidently