

∅ Online Form - 2025 MHS Swimming Carnival

| Activity Name: | 2025 MHS Swimming Carnival |
|-------------------------|--|
| Date/Time: | Friday 7 February 2025 9:00am - 3:00pm |
| Description: | Whole School Swimming Carnival |
| Venue: | Drummoyne Pool (1p Henley Marine Dr, Drummoyne NSW 2047) |
| Transport: | Private bus to and from venue |
| Dress Code: | Marsden High School PE Uniform |
| Food: | Students need to bring Recess and Lunch. No canteen available. Sausage sizzle will be available. |
| Please Bring: | Water bottle, hat and sunscreen, swimmers, towel, goggles |
| Additional Information: | Students must be at school by 9am for roll marking in their Period 1 classrooms and will then travel by bus to Drummoyne Aquatic Centre. |
| | There will be minimal supervision and no timetabled classes for students who do not have permission to attend the carnival. |
| | Note: arrival back at school is dependent on the conclusion of the carnival and transport timings. |
| Due Date: | Thursday 6 February 2025 |

Accident insurance information

In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

Concussion management

When a student enrolled in a government school is diagnosed with concussion, the principal must be advised in writing as soon as the diagnosis is confirmed. Students may only return to sport and physical activity once a medical clearance has been provided to the school and, if at a school sport event, to the supervising teacher.

Any student that experiences a suspected concussion during a school endorsed activity, will be removed from the activity and parents/carers will be advised that a medical follow-up is required.

If medical clearance is not provided, the student cannot participate in vigorous or competitive school sport or physical activities for 21 days from the concussion date.

* indicates a required field

| I have read the above details and give consent for my child, to attend the 2025 MHS Swimming Carnival * |
|--|
| ○ Yes ○ No |
| Student Name: |
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| Parent/Carer Name: * |
| |
| Parent/Carer Phone Number: * |
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| |
| Emergency Contact Name: * |
| |
| Emergency Contact Phone Number: * |
| Emergency Contact Filone Number. |
| |
| Medical conditions/information relevant to the activity (including any medication required): |
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| Is your child permitted to swim (please tick response):: |
| ☐ No. My child is unable to swim. |
| Yes. I am aware that all students will be closely monitored during the carnival. To assist with planning, |
| please tick which statement best describes your child's swimming ability: |
| A weak swimmer: My child can swim/paddle but only in shallow water where they can stand. |
| ☐ An average swimmer: My child can swim 25 metres without stopping and is confident in deep water where they cannot stand. |
| $\ \square$ A strong swimmer: My child can comfortably swim 50 metres in deep water in one stroke without |
| stopping. |
| I give permission for my child to be dismissed on arrival back at school.: * |
| O Yes |
| O No |
| Parent/Carer Signature: * |