Dear Parent/Guardian

The 2024 Urangan High Junior Swimming Carnival (Years 7, 8 & 9) will be held on Friday 29th of November. NO JUNIOR classes will be running on this day as the swimming carnival is a school event.

As swimming in pools is deemed a HIGH risk event, parental permission to participate is also required. If necessary, staff will access and utilise any relevant medical information from our records on OneSchool. Please contact the school if this information needs to be updated.

The carnivals have been separated into Senior (Years 10, 11 & 12) and Junior (Years 7, 8 & 9) to ensure that students have adequate shade, more opportunity to participate and enhanced safety (before, during and after the event).

Students are transported by bus to and from the pool to ensure the safety of all students. Students may wear their HOUSE COLOURS on the day.

Excursion:

Urangan SHS Junior Swimming Carnival

Venue: Date:

Hervey Bay Aquatic Centre Friday 29th November

Departure/Start:

Depart USHS 10am (Students are required to attend FORM CLASS at 9:50am to have rolls

Arrival/Finish:

2:45pm (Students will be returned to USHS by bus)

Cost:

Free

Permission Due:

Friday 22nd November

Requirements:

Appropriate swimwear, sunscreen, water, food (Canteen facilities will be available at the pool)

Contact:

4197 0111

Transport:

ALL students will be transported by BUS from Urangan SHS to the Aquatic Centre and back.

If you wish for your child to participate in the activity, please complete the permission form and high risk consent which is to be returned to your child's FORM TEACHER. For further information about the activity, please contact Nathan Spencer (Head of Department - Health, Physical Education and Sport) on nspen31@eq.edu.au or 41970111.

It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Urangan State High School will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the organising staff member. If you have any questions or concerns, please do not hesitate to contact me at the school on (07) 4197 0111.

Yours faithful

NATHAN SPENCER

Head of Department, HPE and Sport

TONY MCCORMACK

Pfincipal |

Please sign permission slip attached

....PTO/2

Web

uranganshs.eq.edu.au Email principal@uranganshs.eq.edu.au

Phone 07 4197 0111

Mail **CRICOS**

PO Box 5100, Torquay QLD 4655 Deliveries 120 Robert St, Urangan QLD 4655 00608A





Permission Slip: USHS Junior Swimming Carnival - Friday 29th November 1	ber	
I give permission for my child,		, to attend.
Parent / Guardian Signature:	Date:	Teacher: FORM CLASS
Consent to participate in High Risk level activity		
Activity: Urangan State High School Junior Swimming Carnival		
Inherent Risk Level: High		
Privacy notice The Department of Education is collecting the personal information requeste - obtain lawful consent for your child to participate in the activity; - help coordinate the activity; - respond to any injury or medical condition that may arise during, or as a re - update school records where necessary. The information will only be accessed by authorised school staff and will be a requirements of, as applicable, s.426 of the Education (General Provisions) of (Qld), and/or the Privacy Act 1988 (Cwlth). The information will not be disclosed to any other person or agency unless the have given the department permission for the information to be disclosed.	esult of the activity; and dealt with in accordance Act 2006 (Qld), the Info	l e with the confidentiality rmation Privacy Act 2009
Activity risks and insurance Please note that the Department of Education does not have personal accide child is injured as a result of an accident or incident while participating in the including medical costs are the responsibility of the parent/carer. Some incid you have private health insurance, some costs may also be covered by your parents/carers. It is up to all parents/carers to decide what types and what le cover their child. Please take this into consideration in deciding whether or n	e activity, all costs assoc dental medical costs ma r provider. Any other cos evel of private insurance	ciated with the injury, by be covered by Medicare. If sts must be covered by they wish to arrange to
Consent By signing this form I agree that:		
I have read all of the information contained in this form in relation to	to the activity (including	any attached material) and I
am aware that the department does not have personal accident ins	, ,	
I give consent for my child,	<insert ch<="" td=""><td>nild's name> in Year,</td></insert>	nild's name> in Year,
to participate in the Urangan State High School Junior Swimming (Carnival activity on Nov	ember 29, 2024.
 In the event of an accident or illness, school staff may obtain or ad 	Iminister any medical as	ssistance or treatment my
child may reasonably require, including contacting my child's doctor	or.	
 I accept liability for all reasonable costs incurred by the departmen 	nt in obtaining such med	lical assistance or treatment
(including any transportation costs) and undertake to reimburse the	e department the full an	nount of those costs.
Parent/Carer's name:		(Please print)
Parent/Carer signature:	Date:/_	