

2021 Secondary Swimming Carnival

27 January 2021

Dear Parent/Caregiver

The 2021 Secondary Swimming Carnival will be held on Monday 8 February, 2021 at Parkinson Aquatic Centre. This is an annual event that allows students to compete to represent the Calamvale Wolves at the 2021 Southern Scorpions Swimming Carnival. The Carnival will allow for students to compete in both a competitive and social nature with novelty events also running on the day.

This is a full day event and serves as the only form of instruction for the day, meaning all secondary students and staff will be in attendance at the event and the secondary school grounds will be closed. Students are to be dropped off at the pool by 8.30am on the day and they will be dismissed from the pool at 2.30pm. Please ensure that you have made arrangements in order for this to occur. Reminder: please do not drop your child at Calamvale Community College on the day.

- WHERE:** Parkinson Aquatic Centre – 751 Algester Rd, Parkinson
- WHEN:** Monday 8 February, 2021
- TIMES:** 8.30am – 2.30pm
- TRANSPORT:** Students are to meet at Parkinson Aquatic Centre by 8.30am (staff will be in attendance from 8.00am) Students will be dismissed from Parkinson Aquatic Centre at 2.30pm
- DRESS:** College sports uniform or dress up in your house colours (do not dress in your casual clothing) Appropriate swimming attire when competing or participating in the salmon run
- FOOD:** Students are required to provide their own lunch, snacks and water for the duration of the event. Minimal food will be available from the venues canteen.
- EVENTS:** 50m Freestyle, 50m Breaststroke, 50m Backstroke, 50m Butterfly, 100m Freestyle, Salmon Run, Staff vs. Student Relay, Staff 50m Freestyle, Fast 50 (fasted four students vs. fastest four Staff)
- CONTACT:** Mr Brenton Male – Director of Sport bmale5@eq.edu.au

Yours sincerely,



Lisa Starmer
Executive Principal



Brenton Male
Director of Sport



MEDICAL FORM

2021 Secondary Swimming Carnival

Please return to Finance Office by Friday 5 February 2021

Student Name: _____ Year Level: _____ House: _____

Parent/Caregiver 1: Name: _____ Relationship to student: _____
Contact No. 1: _____ Contact No 2: _____

Parent/Caregiver 2: Name: _____ Relationship to student: _____
Contact No. 1: _____ Contact No 2: _____

Emergency Contact: *(should be different to the contacts above)*

Name: _____ Relationship to student: _____
Contact No. 1: _____ Contact No 2: _____

In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor. **Yes/No**

I give permission for Analgesics/Panadol to be administered to my child should a staff member deem it necessary **Yes/No**

_____/_____/_____
Parent/Caregiver Name Parent/Caregiver Signature Date

Medical History

Does your child suffer from any disabilities that may affect him/her whilst on excursion?

- | | | |
|---|--|--|
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Phobias | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Asthma / Respiratory Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies <i>(please specify below)</i> |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Other <i>(please specify below)</i> |
| <input type="checkbox"/> Recent Operations | <input type="checkbox"/> Recent Illness / injuries | |
| <input type="checkbox"/> Current Tetanus Injection date: ____/____/____ | | |

Please provide details:

You may also wish to provide the following information

Name of child's medical practitioner: _____

Contact No: _____ Medicare No: _____

Private Health Insurance Company _____ Membership No: _____

