



DARKAN PRIMARY SCHOOL
"Everyone is a learner everyday."

(08) 6716 8900
 darkan.ps@education.wa.edu.au
 Darkan South Road, Darkan, WA, 6392
 darkanps.wa.edu.au

In Term Swimming Lessons

Dear Parents and Carers,

This term, we will have swimming lessons running in Weeks 7 & 8, 18 November 2024 – 29 November 2024, at the Darkan Swimming Pool. These lessons are provided free of charge. The lessons will provide students with the opportunity to develop their swimming ability and water safety skills. Attached are forms requiring personal and medical information as well as a list of what students need to bring to school. Please have the forms filled and return to your child's teacher by Monday, 4 November 2024.

Staff Attending

There will be a minimum of 2 staff members, including the swimming teacher, providing supervision to students.

What to bring

Please pack the following items into your child's bag for swimming lessons.

Bathers and towel	Additional bag for wet clothes (tote bag)
Sunscreen and school hat	Appropriate footwear (sandals, thongs, slides)
Drink bottle	Goggles (useful but not essential)
A pair of underwear and socks	

Pre-Primary – Year 1

If your child is in Pre-Primary – Year 1, please send them to school dressed in their bathers with their school uniform in their bag to change into. This will allow a smoother transition to swimming lessons in the morning.

If you have any questions or queries, please reach out to your classroom teacher or the front office.

Thank you.

Wayne Press

Principal



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In-term Swimming Lessons

Parent consent

Return to school by Monday 4 November 2024

Student Full Name: _____

Year: ____ Room: ____

Contact number: _____

I give consent for my child to participate in swimming lessons held from Monday 18 November 2024 to 29 November 2024. Where it is not practical to communicate with me, I give the teacher in charge of my child consent to administer medical attention as may be considered necessary. I have notified the school of any alterations to my child's medical history and included relevant details on this consent form and the In-term swimming enrolment form. I am aware that the Department of Education WA does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed: _____ (Parent/Carer)

Date: _____ Emergency Contact # _____

Medical Conditions/Food Allergies: _____

Medication requirements: _____

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: Darkan Primary School
(Full Name PRINT BLOCK LETTERS)

Room Number _____ permission to attend Department of Education’s Interm Swimming classes at
Commencing on 18 November 2024

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability* that may affect his/her safety, or require the school to provide learning adjustment? NO YES, please provide further information below if necessary**

Please provide details of medication currently being taken (if applicable):

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g., previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL

I agree to inform the organisers before the scheduled departure of any change to my child’s health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary

Stage Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10.Jnr Swim& Survive/ Surf Stage 10
3. Preliminary	11.Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12.Snr Swim & Survive/Surf Stage 12
5. Water/Surf Safe	13 Wade Rescue/ Surf Stage 13
6. Junior	14.Accompanied Rescue/ Surf Stage 14
7. Intermediate	15 Bronze Star (pool only)

My child is going for Stage Number ☐

Unsure please grade ☐

My child has attempted this ‘going for’ stage three times in Department of Education classes without passing
Please attach copies of last three (3) Department of Education certificates. ☐

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)

Please return this form to your child’s classroom teacher by Monday 4 November.
One form per child.