

Explore • Discover • Achieve

16th September 2019

Dear Parents/Carers,

### **BeachSAFE Surf Survival Program**

Alkimos Beach PS is pleased to advise parents that students in Years 2-6 will be participating in the Surf Life Saving - BeachSAFE Surf Survival Program in Term 4 for a period of 5 weeks, with a surf carnival being held in the last week. The BeachSAFE program is conducted by fully qualified surf lifesavers and students will learn important skills to manage the dynamic conditions of Alkimos Beach.

The Program offers four levels of learning with students participating in Surf Aware, surf skill, surf wise and surf rescue. Students will be participating in waterbased activities and activities on the beach.

Students will be getting changed at school and are required to bring the following to school:

- Bathers (board shorts/costume, rash shirt, sun cream)
- Towel
- Thongs (Flip Flops)
- Bag to store items

Please complete the required permission forms and return to your classroom teacher by Thursday 26th September

#### **Program Details**

Dates: Tuesday 22<sup>nd</sup>, 29<sup>th</sup> October, 12<sup>th</sup>, 19<sup>th</sup> November Beach Carnival Tuesday 26th November 9am - 11:30am

Time: 1 hour a week

Location: Alkimos Beach Foreshore

Transportation: Students will be walking from Alkimos Beach PS to Alkimos Beach

Foreshore Cost: Free

Year Level	Leave School	BeachSafe Program	Return to School	Comments
Yr 4	8:30am	8:45-9:45	10:00am	Come pre- changed
Yr 3	9:45am	10:00-11:00	11:15am	Recess 9:30- 9:45
Yr 2	11:00am	11:15-12:15	12:30	
Yr 5	12:15pm	12:30-1:30	1:45pm	Lunch 12:00pm
Yr 6	1:15	1:30-2:30	2:45pm	

If you require further information, please feel free to contact me.

Kind Regards tittle

Richard Allbury Associate Principal



## Explore • Discover • Achieve <u>BeachSAFE Surf Survival Program - Permission Notes</u> Please return by Thursday 26th September

Please indicate below which Swimming Stage your child last completed.

	Stage No	8	Water/Surf Wise	
	1 Beginner	9	Senior	
	2 Water/Surf Discovery	10	Jnr Swim & Survive/Surf Stage 10	
	3 Preliminary	11		
	4 Water/Surf Introduction	12		
	5 Water/Surf Safe 6 Junior	13 14	Wade Rescue/Surf Stage 13	
	7 Intermediate		Accompanied Rescue/Surf Stage14 Bronze Star (pool only)	
	_		y a Stage number:d's current swimming stag	
and that school sta	-	le fo	lt of accident or illness are r any loss or damage to n of the excursion.	
I have provided the school with current medical information and necessary medication relevant to my child and agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision/medication may be arranged.				
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# Strictly Confidential Student Information Sheet

This information, which supervising teachers in					sion, wil	ll assist the school and
supervising teachers in the preparation and planning of an excursion  Student details:						
Student's name			¥ ¥	Date of bir	rth	
Parent/guardian's full			Address			
name						
Telephone No home			Telephone N	Vo work		
Telephone No mobil	le		Name of far &Telephone	•		
Year Level:			Class	Teacher:		
Medical Details:						
Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her						
safety during the excursion Yes				No (Please circle one.)		
If "yes", please give details:						
Is your child allergic	to:	]	f yes please g	give details:		
Penicillin	Yes/No					
Any other drug	Yes/No					
Any food	Yes/No					
Other	Yes/No					700
Date of last tetanus vaccination:						
Medication						
Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping						
and handling of medications prior to the excursion.						
Is your child presently taking tablets and/or other forms of medication?			medication?	YES	NO	(Please circle one)
Does your child have a Medical Action Plan YES NO (Please circle one)					(Please circle one)	
Does your child self-administer the medication? YES NO (Please circle				(Please circle one)		
If "yes", state name of medication, dosage and frequency of use:						

Other information
Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.
PLEASE NOTE:
It is the responsibility of the parent/carer to inform the school office of any changes in a student's general and medical details.
Incorrect or incomplete information may result in a child not being able to attend the excursion.
SIGNED DATE Parent/Carer



## SURF SURVIVAL PARTICIPANT DECLARATION FORM

Surf Life Saving WA invites your child to complete the Surf Survival program. This six week, beach based course conducted by fully qualified surf lifesavers, will teach students important aspects of beach safety whilst increasing their skills and fitness in the water and on the sand.

To confirm yo	ur child's participation, this form mus	t be submitted to the school prior to the
commenceme	ent of the first Surf Survival session.	
1		(parent/guardian name) declare that
		(participant's name)
(Please select	one option below)	
	Has completed a 'learn to swim' pro	gram with a recognised provider.
	Highest level completed:	
	Learn to Swim Provider:	
	Has not previously participated in a ropinion, they have the competency to Submerge and recover  Scull/tread water  Demonstrate survival sculling  Demonstrate a forward roll  Swim 10m of any stroke	
	Has not previously participated in a r the competency to perform the afore	ecognised 'learn to swim' program and does not have ementioned skills.
ability to part		uatic programs and/or level of skill will not affect their Surf Life Saving WA will be delivering both sand and Iren.
Parent/Guard	lian Signature:	Date:
For more info	rmation, contact Stevee Belcher (Heal	lth Promotion Officer)

Surf Life Saving Western Australia t. +61892076666

PO Box 700 Balcatta WA 6914 7 Delawney Street Balcatta WA 6021

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