



Te Kura Maori o Nga Tapuwae

KURA TUATAHI – COMMUNITY SWIM CLASSES Y3-6

Monday 22 May 2023

Tēnā koutou e ngā mātua,

Our Year 3-6 classes are fortunate to participate in The John Walker Find Your Field of Dreams Foundation's Community Swim programme this term every Thursday starting on Thursday 25th May until Thursday 29th June.

Classes will be picked up from Kura and transported to Te Moananui-a-Kiwa Recreation Centre and returned to kura after their lesson.

One of our Kaiako will always be in the water to support our students alongside the Swim Instructors.

Please ensure that your child comes to kura with the correct **swim gear, a towel, a plastic bag** and if they can, some **goggles**. Also remind your child that they will need to change quickly to catch their bus back to kura on time as it is on a strict schedule and is shared with other schools.

If you would not like your child to participate in this programme, they will remain at kura to continue with their work. Please return these forms no later than Thursday 25th May.

Ngā mihi,

Mā Koti

Pouako - Kura Tuatahi

KURA TUATAHI – COMMUNITY SWIM CLASSES

Please circle which applies -

I **give / do not give** permission for _____ to take part in the Community Swim programme. I will ensure that they are equipped with the correct swim gear every Thursday.

I would not like my child to swim because: _____

My child is a: **confident / beginner** swimmer.

They can swim: **25 metres / 50 metres / still learning**

My emergency contact number is: _____

Sign: _____

Date: _____



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HEALTH AND CONSENT FORM

Before taking a student on a trip outside the school we request the following information.

HEALTH FORM

Circle correct answer

1. Does your child have to take any medication? YES NO

If yes, please specify: _____

If your child needs assistance in administering his/her medication please note the instructions below:

2. Does your child suffer from an allergy or disability? YES NO

If yes, please specify: _____

- Would the student be limited, in any way, in taking part in physical activities? YES NO

If yes, please specify: _____

3. Has the student had an anti-tetanus injection in the last five years? YES NO

4. Is the student allergic to penicillin? YES NO

5. Is the student a competent swimmer? S/he can swim 25 / 50 metres YES NO
(Circle one)

Please supply an address and contact number where you can be contacted during the trip.

Name: _____

Home address: _____

Ph: _____ Wk: _____ Mobile: _____

Alternative emergency contact person: _____

Home address: _____

Ph: _____ Wk: _____ Mobile: _____

- I agree that the student in my care will abide by the school rules while on the trip.
- I agree that the student in my care will follow instructions given to them by the staff in charge.
- I give staff the authority to arrange and administer if necessary, any medical treatment for the student in my care.
- I give staff in charge the authority to arrange any travel home, for the student in my care, at my expense should it be required for reasons of ill health or discipline.

The above information is true and accurate and I agree to the conditions of the trip that my child

_____ will be attending on _____
(child's name) (date of trip)

Signed: _____ Date: _____