

Wynnum State School

81 Boxgrove Avenue, Wynnum North Q 4178

Ph: (07) 3893 5111

Principal: Mark Ionn

Deputy Principals: Megan Connell, Morgan Gibbons & Lara Collingwood



28 January 2025

Wynnum State School Swimming Program 2026

Swimming lessons for children in Years 1-6 will commence in Term 1. Prep swimming classes commence Term 4.

This is an excellent opportunity for all children to learn the basic skills and techniques of swimming in a safe and enjoyable environment. For sun safety and health reasons children are to wear sunscreen (parents should promote this) and a sun shirt in the pool. Swimming caps must also be worn by all swimmers.

Education Department policy requires schools to check medical histories of students before allowing them to take part in swimming lessons conducted by the school. You are required to notify the school of any disability or medical conditions which your son/daughter has. If it is believed that this or any other problem may put your child at risk in the water, a current medical certificate must accompany the parent consent form. Some conditions which require medical certification are:

1. Asthma
2. Epilepsy
3. Heart murmur
4. Suspected contagions and
5. Infections

Failure to supply either of these requirements will mean that your child will not be permitted to attend lessons.

The Swimming Program will be delivered as part of the PE Program.

Parents should note that this permission form will cover the entire year's swimming (both Term 1 and Term 4). If your child's medical condition should change during the year, the school **must** be notified immediately.

Complete the attached permission form and return it to the school as soon as possible. *Permission acknowledges the requirement of parents and caregivers to adhere to the specified responsibilities.*

Yours sincerely

Haydn Blair
Physical Education Specialist

Mark Ionn
Principal

SWIMMING PERMISSION – 2026

I give permission for my son/daughter in year to participate in the Swimming Program (both Term 1 and Term 4).

My child has the following disability or medical condition

A current medical certificate has been provided to the school: yes no (please circle)

Parent/Caregiver Signature:.....

Date:.....

