



Education

FAIRVALE PUBLIC SCHOOL



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Wednesday 21 February, 2024

K-6 PHYSICAL EDUCATION 2024

Dear Parents/ Carers,

Schools provide 150 minutes of planned moderate to vigorous physical activity per week for all years, K-10 as stated by the [Sport and Physical Activity Policy](#).

Personal development, health and physical education (PDHPE) is mandatory for all students Kindergarten to Year 6. Students participate in PDHPE for 1.5 to 2.5 hours each week.

At Fairvale we provide carefully planned, adaptable and enjoyable physical activity experiences for all students.

ACTIVITIES

<u>Bat and Ball sports such as:</u>	<u>Athletics skills such as:</u>	<u>Fundamental Movement Activities such as:</u>
cricket/tennis soccer/basketball dodgeball oz tag handball invasion and goal scoring games Volley ball	warm up activities running discus shot put high jump power walking skipping with skipping ropes	Dancing Pushing and pulling (tug of war) balancing games gymnastics running, jumping, skipping, hopping, side galloping, leaping throwing, catching, underarm roll, striking bouncing, dribbling dodging kicking yoga boot camp parachute activities bike riding

Please complete the note attached and return to the office by Friday 23rd February, 2024

Kind regards

Mr Anthony Pitt

Principal

Miss Ramina David

PDHPE Executive Contact

K-6 PHYSICAL EDUCATION 2024

Concussion Clearance

The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 day period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately.

Important information

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport Associations when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/Carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements, as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.

Parent/Carer Acknowledgment and Consent

- I have read the information provided and I hereby consent to my child/ward participating in these activities.
- I acknowledge that these activities are required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures.
- I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating in these activities.
- I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the duty of care of the supervising teacher during the activities.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility of expenses incurred.
- I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, I am required to report this to school. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the activities, if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk by participating in this sport activity.

Student Name: _____ Class: _____

SIGNED: _____

Parent/Carer

Date