

Please return the permission note and payment details to your child's teacher or Reception by
Wednesday 15 August 2018

Swimming Lessons

CONSENT FORM

I give permission for my child _____ to attend the excursion to Active Leisure Centre, Wanniasa to participate in swimming lessons run by Royal Life Saving Australia. I understand that the program will run from 27 August - 7 September and that my child will travel to and from Active Leisure Centre by bus.

Teachers may take whatever disciplinary action they deem necessary within the school's Student Management policy to ensure the safety, well-being and successful conduct of the students as a group or individually in the above mentioned activity. The teacher in charge is authorised to return the student home at the expense of the parent/guardian if it is considered that circumstances warrant such action.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I authorise the teachers to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I further authorise qualified practitioners to administer anaesthetic and blood transfusion should the need arise.

I have read the attached information regarding this excursion and understand what it contains.

Full name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date: _____

Contact Numbers:

(a) Name: _____ Home: _____ Work: _____

(b) Name: _____ Home: _____ Work: _____

(c) Name: _____ Home: _____ Work: _____

Child has a medical condition: Yes / No (please circle)

Details: _____

Doctor: _____

Medicare No: _____