



**Please return the permission note to your child's teacher or Reception by  
Tuesday 6 March 2018**

## **Year 2 Aqua Safe Program 2018**

### **CONSENT FORM**

I give permission for my child \_\_\_\_\_ to travel by bus to Active Leisure Centre Greenway to participate in the Aqua Safe Program run by Royal Life Saving Australia from 13 – 19 March 2018.

*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*

***By typing your name below, you are signing this form electronically and indicating that you have read and understood the information above. You also acknowledge that your electronic signature is the equivalent of your manual signature***

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: \_\_\_\_\_