



Please return the permission note to your child's teacher or Reception by
Tuesday 19 March 2019

Year 2 Aqua Safe Program 2019
CONSENT FORM

I give permission for my child _____ to travel by bus to Civic pool to participate in the Aqua Safe Program run by Royal Life Saving Australia from 25 - 29 March 2019.

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 authorized 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 anesthetic 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: _____