Dear Parent/Caregiver,

School is being transferred to the pool for students in Years 9 & 10

The purpose of the change is to: Improve students’ ability, safety and confidence in and around water, and teach safe rescue, resuscitation and first aid skills.

Students will be supervised in small groups, of similar ability students, by a Teacher or Student Instructor.

**Date of Excursion:** Thursday 3/12/15 to Friday 11/12/15

**Destination:** Merrylands Pool

Students will make their own way to the pool. (The school bus or teacher’s private vehicle may be used should school, student or medical needs arise)

**Time of departure:** Be at the pool by 8:45 am

**Time of return:** Dismissed from the pool at 2:30 pm

**Meal arrangements:** Bring your own or use limited canteen at the pool

**Cost:** $35.00 We accept Credit Card & EFTPOS

**To be paid to the finance office by:** Monday 16/11/15

**Water Activities**

This activity involves the following water or swimming activities: Royal Life Saving’s Swim & Survive, Bronze Awards (Star, Medallion & Cross) & Resuscitation Awards

These activities will take place at: Merrylands Pool

The school will provide the following flotation devices to students who may require assistance in the water:

PFDs, Noodles, kickboards, etc.

**Students are required to wear:** full sports uniform and will need swimmers, towel, sunscreen, hat, pen and paper

**Staff supervising students on this excursion are:** Mr Graham* (Co-ordinator) & All Teaching Staff*

(*) indicates first aid trained

For your child to participate in this excursion, please complete and return the permission note below, along with the attached medical information to the Finance Office by Monday 16/11/15

Yours Sincerely

Coordinator: Mr Graham

Ms L. Mularczyk  
Principal

Mr A. Prasad  
Co-Principal

Ms B. Giudice  
Co-Principal

Mr S. Wark  
Deputy Principal
MERRYLANDS HIGH SCHOOL

Excursion: **2015 Years 9 & 10 Life Saving Program** (Swim School)  
Excursion date: **3/12/15 to 11/12/15**

Student name: _______________________________  
Roll call: __________

Parent/Caregiver:

I give permission for my child to attend Merrylands Pool. I am aware of the transport, supervision, uniform, cost and meal arrangements for the Life Saving Program. I also give permission for the teachers attending this excursion to seek medical assistance for my child should it be necessary.

**Water Activities**

In relation to the proposed water or swimming activities, I advise that my child is a (please tick one)

- [ ] Strong swimmer  
- [ ] Average swimmer  
- [ ] Poor swimmer  
- [ ] Non-swimmer

I advise that my child requires the following flotation device to assist his/her in the water.

__________________________  
____________________________________________________________

I undertake to provide this device so that my child can participate in the activity (please tick)

- [ ] Yes  
- [ ] No

- [ ] I give permission for my child to participate in the water or swimming activities

- [ ] I do not give permission for my child to participate in the water or swimming activities

Please complete the following:

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<tr>
<th><strong>Parent or caregiver contact details</strong></th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Address</td>
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<td>Home phone</td>
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<tr>
<th><strong>Doctor contact details</strong></th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Address</td>
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<tr>
<td>Phone</td>
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### Emergency Contact details

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<th>Name</th>
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### Please list medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

### Outline special dietary needs including possible reaction to inappropriate diet.

### Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

The Department of Education and Communities will use the information provided on this form only for the purposes of this excursion.

If appropriate the organising teacher may provide any of the emergency services (police, ambulance, fire brigade) or a practicing medical officer (doctor or nurse) with this information.

Provision of this information is voluntary. The information on this form will be stored securely.

Parent/Carer’s name: _______________________________________

Parent/Carer’s signature: ___________________________ Date: _____________
Credit Card Payment

Activity:  
Years 9 & 10 Life Saving Program (Swim School)

Student Name: ___________________________  Roll Class: __________

Contact Phone No. ________________________ (Needed to ascertain CCV No.)

Cardholders Name: ________________________________________________

Card Number: ______/_____/_____/_______  Expiry Date: ______/_____

Card Type:  VISA / MASTERCARD / ________________ (please circle)

Total Payment: __________________

Signed: ___________________________________________ Date: ____________