Dear Parent/Caregiver,

This Swim School activity has been organised for selected female students to undertake a Girls Only Life Saving (swim School) Program.

The purpose of the excursion 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 by a Teacher and/or a AUSWIM qualified Swimming Instructor.

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

Destination: ASTA - (Royal Life Saving’s) Aquatic Safety Training Academy - 78 Best Road, Seven Hills

Students will travel to the venue by: School bus. (A teacher’s private vehicle may be used should school, student or medical needs arise)

Time of departure: Be at School by 8:45 am – Leave for the pool at various times From: School

Time of return: Dismissed from School at approx. 3 pm To: School

Meal arrangements: Bring your own

Cost: $80.00 We accept Credit Card & EFTPOS To be paid to the finance office by: Monday 9/11/15

Water Activities

This activity involves the following water or swimming activities: RLSSA’s Swim & Survive & Resuscitation Awards

These activities will take place at: ‘Dry land’ program at school and then, a fully enclosed ‘Female Only Swimming Area’ at:- ASTA - (Royal Life Saving’s) Aquatic Safety Training Academy - 78 Best Road, Seven Hills

The school & Royal Life Saving 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 suitable swimming clothes, towel, pen and paper

Staff supervising students on this excursion are: Mrs Dickinson* & another Female Teacher* (*) 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 Mrs Dickinson & payment to the Finance Office by Monday 9/11/15

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
Merrylands High School

Excursion: **2015 Girls Only 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 the Life Saving Program. 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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<th>Parent or caregiver contact details</th>
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<tr>
<td>Name</td>
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<td>Address</td>
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<td>Home phone</td>
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<th>Doctor contact details</th>
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<td>Name</td>
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<td>Address</td>
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<td>Phone</td>
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### Emergency Contact details

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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.

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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: Girls Only 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: __________________