Swim School Permission Note  
2012 Life Saving Program – Girls Only Program

Dear Parent/Caregiver,

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

The details of the activity are outlined below.

The purpose of this activity is to: Improve students’ ability and safety in and around water, and teach resuscitation and first aid skills

Date of Activity: Thursday 6/12/12 to Friday 14/12/12

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

Cost per student $75-00  Payment to be made to the administration office by Monday 12/11/12

Starting Time: Be at School by 8:45am – Leaving for the pool different times each day (To suit reservation)

Finishing Time: Dismissed from School at approx. 2:30pm.

Students will be transported to the pool in the school bus or teachers private vehicles.

Meal Arrangements: Bring your own

Water Activities
This activity involves Swimming Lessons provided by Royal Life Saving’s Swimming Teachers who conduct lessons for Muslim women. The lessons are aimed at achieving Swim & Survive and Resuscitation qualifications.

The school and Royal Life Saving will provide the all necessary flotation devices for students who may require assistance in the water. These may include: PFDs, Noodles, kickboards, etc.

Students are to wear sports uniform and will need suitable swimming clothing, towel, pen and paper

Staff supervising students on this event are: Mrs Beke &

For your child to participate in this activity, please complete and return the permission note below, along with the attached medical information form and payment no later than Monday 12/11/12 to administration office.

For further information contact the Organising Teachers Mr Graham or Mrs Beke on 9632 9401.

Yours Sincerely

Principal: Ms L Mularczyk  Organising Teacher Mr Graham
Swim School Permission Note

2012

Activity: Life Saving Program (Swimming School) – Girls only Program -

Student Name: ________________________________ Roll Class _________

Parent/Caregiver

I give permission for my daughter to attend the Life Saving Program on 612/12 till 14/12/12.
I am aware of the transport, supervision, uniform, and meal arrangements for this activity. I also give permission for the Organising Teacher to seek medical assistance for my child should it be necessary.

Please complete the following.

Water Activities

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

☐ Strong swimmer ☐ Average swimmer ☐ Poor swimmer ☐ Non-swimmer

I advise that my daughter requires the following flotation device to assist her in the water.

________________________________________________________________________________

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

☐ Yes ☐ No

_____________________________________________________________________________________________

☐ I give permission for my daughter to participate in the water or swimming activities

☐ I do not give permission for my daughter to participate in the water or swimming activities

Parent or caregiver contact details

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<th>Home phone</th>
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Doctor contact details

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

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<th>Outline special dietary needs including possible reaction to inappropriate diet.</th>
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<th>Medication(s) to be administered during the activity. Include name of medication, instructions for administration, time of administration, and any possible reactions.</th>
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The information provided on this form will be used by the Department of Education and Training for the purposes of this activity.

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.

You may correct any personal information at any time by contacting the organising teacher.

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: BANKCARD / VISA / MASTERCARD  (please circle)

Total Payment: _____________________

Signed: ______________________________________  Date: __________________