MERRYLANDS HIGH SCHOOL
Established Since 1959

Excursion Permission Note

Excursion: School Swimming Carnival

Student Name: __________________________________ Roll Class___________

Parent/Caregiver
I give permission for my child to attend as well as enter the water at the Swimming Carnival excursion on Friday 14th Feb 2014.
I am aware of the transport, supervision, uniform, and meal arrangements for this excursion. 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 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 excursion (please tick)

☐ Yes ☐ No

☐ I give permission for my child to participate in the structured water and/or swimming activities.

OR

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

Parent or caregiver contact details

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<th>Name</th>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Home phone</th>
<th>Work phone</th>
<th>Mobile</th>
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**Doctor contact details**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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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) 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 administration, time of administration, and any possible reactions.**

The information provided on this form will be used by the Department of Education and Training 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.

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

Parent Signature ___________________________________________  Date ___________________________