2014 Life Saving Program – Year 8

Swim School Permission Note

Dear Parent/Caregiver,

School is being transferred to the pool for students in Year 8

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

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

**Date of Excursion:** Thursday 4/12/14 to Friday 12/12/14  **Destination:** Wentworthville Pool

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

**Time of departure:** Following roll call at 8:45 am  **From:** School

**Time of return:** between approx. 2:40 pm and 3:00 pm  **To:** School

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

**Cost:** $55.00  We accept Credit Card & EFTPOS  To be paid to the finance office by: **Monday 10/11/14**

**Water Activities**

This activity involves the following water or swimming activities: **Swim & Survive, Bronze Star & Resuscitation Awards**

These activities will take place at: **Wentworthville 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 10/11/14**

Yours Sincerely  
Coordinator: Mr Graham

Ms L. Mularczyk  Mr A. Prasad  Ms B. Giudice  Mr S. Wark  
Principal  Co-Principal  Co-Principal  Deputy Principal
MERRYLANDS HIGH SCHOOL

Excursion: **2014 Year 8 Life Saving Program** (Swim School)  
Excursion date: **4/12/14 to 12/12/14**

Student name: ________________________________  
Roll call: __________

Parent/Caregiver:

I give permission for my child to attend Wentworthville 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:

<table>
<thead>
<tr>
<th><strong>Parent or caregiver contact details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Home phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Doctor contact details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
</tr>
</tbody>
</table>
Emergency Contact details

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Parent/Carer’s name: ____________________________________________________________

Parent/Carer’s signature: ____________________________ Date: _________________
Credit Card Payment

Activity: **Year 8 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: ________________