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 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: 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 9/11/15

Water Activities

This activity involves the following water or swimming activities: Royal Life Saving’s 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 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
Excursion: 2015 Year 8 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 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>Parent or caregiver contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

| Home phone | Work phone | Mobile |

<table>
<thead>
<tr>
<th>Doctor contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

| Phone |
## 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.

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:          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: __________________