Swim School Permission Note
2013 Life Saving Program – Year 8

Dear Parent/Caregiver,

School is being transferred to the Pool for students of Year 8 to undertake a Life Saving (Swim School) Program

The details of the activity are outlined below.

The purpose of this activity 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 ‘School at the Pool’: Thursday 5/12/13 to Friday 13/12/13
Destination Wentworthville Pool
Cost per student $50.00 Payment may be made to the administration office at Recess or Lunch

We now accept Credit Card & EFTPOS

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

Time of departure: From school after roll call at 8:45 am

Time of return: Dismissed from the school between approx. 2:40 pm and 3:00 pm

Meal Arrangements: Bring your own or use limited canteen at pool

**Water Activities**
This activity involves the following water or swimming activities: Swim & Survive and 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 must wear sports uniform and will need swimmers, towel, sunscreen, hat, pen and paper**

Staff supervising students on this activity are: Mr Graham* (Co-ordinator) All teaching Staff *

(An * indicates first aid training)

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 18/11/13.

For further information please contact the Organising Teacher Mr Graham on 9632 9401.

Yours Sincerely

Principal: Ms L Mularczyk Organising Teacher: Mr Graham
Swim School Permission Note
2013

Activity: **Year 8 Life Saving Program** *(Swim School)*

Student Name: ______________________________ Roll Class _________

Parent/Caregiver

I give permission for my child to attend the Wentworthville Pool for the Life Saving Program on Thursday 5/12/13 to Friday 13/12/13.

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 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

**Parent or caregiver contact details**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Work phone</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Doctor contact details**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
</tr>
</thead>
</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>
</tbody>
</table>

Please list medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc) Outline the treatment for each.

<table>
<thead>
<tr>
<th>Outline special dietary needs including possible reaction to inappropriate diet.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication(s) to be administered during the activity. Include name of medication, instructions for administration, time of administration, and any possible reactions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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: 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: ____________________