Dear Parent/Caregiver,

School is being transferred to the pool for students in Years 9 & 10

The purpose of the change 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: Merrylands Pool

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

Time of departure: Be at the pool by 8:45 am From: Merrylands Pool

Time of return: Dismissed from the pool at 2:30 pm To: Merrylands Pool

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

Cost: $35.00 We accept Credit Card & EFTPOS To be paid to the finance office by: Monday 17/11/14

Water Activities

This activity involves the following water or swimming activities: Swim & Survive to Bronze Cross & Resuscitation Awards

These activities will take place at: Merrylands 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 17/11/14

Yours Sincerely

Coordinator: Mr Graham

Ms L. Mularczyk
Principal

Mr A. Prasad
Co-Principal

Ms B. Giudice
Co-Principal

Mr S. Wark
Deputy Principal
MERRYLANDS HIGH SCHOOL

Excursion: **2014 Years 9 & 10 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 Merrylands 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:

**Parent or caregiver contact details**

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**Doctor contact details**

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Emergency Contact details

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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:  
**Years 9 & 10 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: __________
