



## Parent/Caregiver Permission Slip for a Student to Attend an Educational Excursion or Camp

### Section 1 – to be completed by the Teacher-in-Charge:

<b>Nature, and purpose of excursion</b>	Year 7 Interm Swimming
<b>Destination/Venue:</b>	Aqualife – Victoria Park
<b>Transport:</b> School Bus	<b>Time:</b> 9am – 10am
<b>Teacher Contact Number:</b>	Mileva Tubbs - 9365 2000
<b>Teacher-in-Charge:</b>	Mileva Tubbs

<b>Special Clothing/items required:</b> Hat Water Lunch/snacks Sunscreen Swimming clothing
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**NOTE:**

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

**Section 2 – Parent/Caregiver Consent**

**This signed consent is required for all children attending educational activities.**

I have read and understood the attached information on the proposed educational activity for my child. I **give/ do not give** my consent for my child to attend the Year 7 Swimming Excursion.

**Medical Issues: If there are any medical factors which may be a problem for this excursion, please attach complete details.**

Where it is not practical to make contact with me, I authorise the teacher-in-charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware that the Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Parent/Caregiver)**

**Parent Daytime Contact number:** \_\_\_\_\_

**Student Mobile number (if available):** \_\_\_\_\_

These numbers are for the purpose of contacting students if they become lost.

**Section 3 - to be completed by the Student:**

I understand and agree to abide by all activity rules and expectations. I also agree that if I infringe any of these rules and expectations in any way, I may be returned to the college and not participate in further excursions.

**Name of Student:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
**(Student)**

Special factors, if any, of which Parent/Caregiver need to be aware.

If misbehaviour occurs then the Parent/Guardian will be contacted and asked to collect their student from the venue.

**Section 4 - Swimming Ability / Stages summary:**

Stage	Title	Guidelines for students entering the stage
1	<b>Beginner</b>	None required
2	<b>Water/Surf Discovery</b>	Glide forward and glide backward and recover to a stand.
3	<b>Preliminary</b>	Swim 5m freestyle. Glide backward, kick and recover to a stand.
4	<b>Water/Surf Intro Awareness</b>	Swim 10m freestyle, face in water. Swim 5m breaststroke kick.
5	<b>Water/Surf Sense</b>	Swim 15m freestyle, 10m backstroke and 10m survival backstroke.
6	<b>Junior</b>	Swim 25m freestyle plus 15m breaststroke or 15m survival backstroke.
7	<b>Intermediate</b>	Swim 50m freestyle, or freestyle and one other stroke, continuously.
8	<b>Water/Surf Wise</b>	Capacity to swim effectively using a range of strokes over 150m.
9	<b>Senior</b>	Capacity to swim effectively using a range of strokes over 200m.
10	<b>Junior Swim and Survive/Surf Stage 10</b>	Effective swimming skills with a sound knowledge and understanding of water safety.
11	<b>Swim and Survive/Surf Stage 11</b>	Effective swimming skills with a developing knowledge and understanding of personal safety and survival skills.
12	<b>Senior Swim and Survive/Surf Stage 12</b>	Effective swimming skills including the ability to complete a clothed swim and a sound understanding of personal safety and survival skills.
13	<b>Wade Rescue/Surf Stage 13</b>	Sound swimming and personal survival skills, knowledge and understanding.
14	<b>Accompanied Rescue/Surf Stage 14</b>	Sound swimming and personal survival skills, and knowledge plus an understanding of non-contact rescues.
15	<b>Bronze Star/Surf Stage 15</b>	Sound knowledge and practice of water safety and non-contact rescue skills. Effective swimming skills in a range of strokes.
16	<b>Bronze Medallion</b>	Capacity to use initiative and effect a contact rescue.

My child has achieved Stage # \_\_\_\_\_ of the above Department of Education Swimming and Water safety Continuum. Date achieved: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

My child can confidently swim approximately \_\_\_\_\_ meters.

**OR tick the following box:**

- My child is a weak swimmer
- My child is unable to swim

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 5 - Medical Report for Excursion (STRICTLY CONFIDENTIAL)**

This confidential report is intended to assist the school and supervising teachers in case of any emergency with your child.

**Student's Name:** \_\_\_\_\_ **Date of Birth:**        /        /

**Parent/Caregiver's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone No's:**  
Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Doctor Telephone \_\_\_\_\_

Medicare Number \_\_\_\_\_

Please tick if your child suffers from any of the following:  
Heart condition        Sleep walking        Travel sickness        Asthma  
Fits of any type        Black outs        Dizzy spells        Migraine  
Diabetes        Epilepsy        ADD/ADHD        Seizures

Any other conditions (provide details) \_\_\_\_\_

**Allergies**  
Is your child allergic to Penicillin? \_\_\_\_\_ Other drugs \_\_\_\_\_

Any foods? \_\_\_\_\_

What special care is recommended for your child? \_\_\_\_\_

**Tetanus Immunisation**  
Last immunisation was on \_\_\_\_\_ If over 10 years since last immunisation then a booster is due.

**MEDICATION**

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

**Is your child presently taking tablets or medication** Yes/No

If yes then please state name of medicine and dosage \_\_\_\_\_

Does your child self-administer the medication Yes/No

Does your child have a current Health Care Authorisation Plan at school? Yes/No

**OTHER INFORMATION**

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_