

APPLECROSS PRIMARY SCHOOL

CONSENT FOR WATER-BASED EXCURSION



STRICTLY CONFIDENTIAL

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Student details

Student's name _____ Date of birth _____

Parent or guardian's full name _____

Address _____ Postcode _____

Telephone No. – home _____ Telephone No. - work _____

Telephone No. - mobile _____

Name of family doctor _____ Telephone No: _____

Swimming ability (refer to the Education Department Swimming and Water Safety Continuum — attached)

- | | | |
|---------------------|--|---|
| 1. Beginner | 7. Intermediate | 13. Wade Rescue/Surf Stage 13 |
| 2. Water Discovery* | 8. Water Wise* | 14. Accompanied Rescue/Surf Stage 14 |
| 3. Preliminary | 9. Senior | 15. Bronze Star (pool only) |
| 4. Water Awareness* | 10. Junior Swim and Survive*/Surf Stage 10 | My child has achieved Stage Number: _____ |
| 5. Water Sense* | 11. Swim and Survive*/Surf Stage 11 | Date achieved: _____ |
| 6. Junior | 12. Senior Swim and Survive*/Surf Stage 12 | I am unsure. Please assess my child: <input type="checkbox"/> |

Note: Details of swimming ability related to the excursion

Schools need to request information from parents regarding students' skills and abilities in the context of the excursion, e.g. ocean, pool.

* Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

Medical details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes No

If "yes", give details:

Is your child allergic to:

Penicillin

Give details

Any other drug

Give details

Any food

Give details

Other

Give details

Is any special care required?

Yes

No

If "yes", give details:

Tetanus vaccination:

Yes

No

Don't know

Medications

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes

No

Does your child self-administer the medication?

Yes

No

If 'yes', give details (dosage, frequency, name of medication and reason for use):

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent or guardian _____ Date: _____