

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 – mobile _____ Telephone - work _____

Telephone - home _____

Name of family doctor _____ Telephone _____

Medicare number _____

Please indicate your child's swimming ability

- | | | |
|---------------------|--|---|
| 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 | |
| 5. Water Sense* | 11. Swim and Survive*/Surf Stage 11 | My child has achieved Stage number: <input type="text"/> |
| | | Date achieved _____ |
| 6. Junior | 12. Senior Swim and Survive*/Surf Stage 12 | I am unsure. Please assess my child: <input type="text"/> |

The excursion will involve the following water based or swimming activities

* 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:

Please turn over /...

Is your child allergic to:

Penicillin	<input type="checkbox"/>	Give details	
Any other drug	<input type="checkbox"/>	Give details	_____
Any food	<input type="checkbox"/>	Give details	_____
Any insect stings	<input type="checkbox"/>	Give details	_____
Other	<input type="checkbox"/>	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):

Does your child have a current Health Care Authorisation Plan at school?

Yes No

CONSENT

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. 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.