

# 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 \_\_\_\_\_

**The excursion will involve water based swimming activities.**

**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"/>  |
| 6. Junior           | 12. Senior Swim and Survive*/Surf Stage 12 | Date achieved _____                                       |
|                     |  | I am unsure. Please assess my child: <input type="text"/> |

\* 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:

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*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.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



**Interm Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

I give my child \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
(Full Name PRINT BLOCK LETTERS)

Room Number \_\_\_\_\_ permission to attend Department of Education's Interm Swimming classes at \_\_\_\_\_

Commencing on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Enclosed is payment of \$ \_\_\_\_\_ (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability\*** that may affect his/her safety, or require the school to provide learning adjustment?  **NO**  **YES** Please provide further information below if necessary\*\*

Please provide details of medication currently being taken (if applicable): \_\_\_\_\_

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities) **IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL**

*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.  
\*If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.  
I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary*

<b>Stage Number</b>	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
3. Preliminary	11. Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12. Snr Swim & Survive/ Surf Stage 12
5. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
6. Junior	14. Accompanied Rescue/ Surf Stage 14
7. Intermediate	15. Bronze Star (pool only)

My child is going for Stage Number

Unsure please grade

My child has attempted this 'going for' stage three times in Department of Education classes without passing   
**Please attach copies of last three (3) Department of Education certificates.**

Signature: \_\_\_\_\_ Parent daytime phone number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)