30th January, 2015

Dear Parents,

The Grade 5 & 6 swimming program will again run in Term 1 this year. Children will swim on Tuesdays and Thursdays at the Yarra Swim School (Sainsbury Avenue, Greensborough. Melway Ref: 20H-5) as part of an intensive swimming program beginning on Tuesday 10th February and completing the program on Thursday 5th March.

The sessions will be of 45 minutes duration and will concentrate on aspects of survival swimming, safety, elementary to advanced rescue techniques and correct swimming styles.

As part of the Victorian Government’s "Play It Safe" Water Safety and Awareness Program, a Victorian Water Safety Certificate has been developed which reflects the level of attainment recommended by the swimming and water safety industry for students exiting primary school in 2015.

If children are unable to swim on any particular day they will be required to attend the pool as all supervision of grade arrangements are set for the duration of the program.

Could you please sign the permission form below and return it together with the payment of $75.00 by Friday 6th February, 2015. If you have any queries, please contact me before this date.

Jan Arney
Physical Education Teacher

Parent/Guardian Name (please print)  ___________________________________________________________

I give permission for my child ___________________________________________ in Grade ____________ to participate in the swimming program and I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent Signature: ___________________________________________ Date: ___/___/2015

Emergency Phone Numbers: (Home/Bus.)___________________________(Mobile)__________________________

Teacher’s Copy

Parent/Guardian Name (please print)  ___________________________________________________________

I give permission for my child ___________________________________________ in Grade ____________ to participate in the swimming program and I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent Signature: ___________________________________________ Date: ___/___/2015

Emergency Phone Numbers: (Home/Bus.)___________________________(Mobile)__________________________

Paid by: (please tick)
☐ Qkr! App ☐ MasterCard/Visa ☐ EFTPOS ☐ Cheque ☐ Cash
CONFIDENTIAL MEDICAL REPORT

This report is intended to assist the school in case of any medical emergency with your child. All information is held in confidence and these forms will be destroyed after the swimming program.

DETAILS:

Child’s Name ________________________________________________________________________________

Date of Birth: ___________________________  Grade: ___________________________

Parent’s/Guardian’s Full Name: __________________________________________________________________

Address: ___________________________________________________________________________________

Telephone Numbers: Home: ___________________________  Work: _____________________________

Mobile Phone Number: _____________________________

Emergency Contact: (If above not answering): Name: ________________________________________________

Telephone Number Business Hours: ______________________________________________________________

Name & Address of Family Doctor: ___________________________________________________________________

Telephone No: _____________________________

Medicare Number: _____________________________

Ambulance Subscriber: Yes/No

Please tick if your child suffers any of the following:

☐ Fits of any type  ☐ Heart Condition  ☐ Asthma

☐ Rheumatic Fever  ☐ Epilepsy  ☐ Ear Infections

☐ Blackouts  ☐ Migraine  ☐ Allergies to Penicillin

☐ Allergies to Other Drugs - Please Specify: ________________________________________________________

Other Illnesses ________________________________________________________________________________

Other Allergies ___________________________________________________

Other experiences/problems related to swimming/water ________________________________________________

Tablets and Medicines:

Is your child presently taking tablets and/or medicine? ________________________________________________

If YES, please state name of medication, dosage etc: ___________________________________________________

Parent’s Signature: _____________________________

Date _____/_____/2015