



GRAFTON PUBLIC SCHOOL

Student Excursion Consent Form – SWIMMING SCHOOL



1. **Group or Class to attend:** Learn to Swim students Years 2-6.

2. **Title of excursion:** Learn to Swim Grading Day.

3. **Destination of excursion:** Grafton Pool.

4. **Date(s) of excursion:** Friday 13th of October.

5. Details:

- departure time: Groups will leave from 9 am and return when their assessment is completed.
- return time: All groups should have their assessment completed by 11:15am
- staff members and supervision: Janet Philp and accompanying class teachers.
- cost: \$3.00 or current season pass.
- clothing and equipment needed: Swimmers, towel, hat, footwear for the pool, sunscreen.
- name of excursion contact person and contact details: Janet Philp
- other: (eg uniform must be worn, water, sunscreen, hat) Details provided below.
- **School contact details:** (Primary) 66421000 and (Infants) 66422286 or (website) grafton-p.schools.nsw.edu.au

6. **PLEASE RETURN THIS NOTE TO Your child’s teacher NO LATER THAN Monday 10th of October**

7. **The purpose of this excursion is a grading day to assess the suitability and ability of children wishing to participate in the Learn to Swim program. This activity is compulsory for Year 2 students. Children from years 3-6 who require swimming instruction will also be encouraged to participate. Children can either pay the admission fee or provide the school with a current season ticket number. Children will walk to and from the pool. For organisational reasons, the children will get changed at school. They will require footwear for this trip.**

8. Student behaviour:

I understand that if my child’s behaviour prior to the excursion is of concern to staff, he/she may be excluding from attending. Students who are on a Return from Suspension and those on Yellow or Purple Levels will not be permitted to attend. I also acknowledge that during the excursion, acceptable standards of behaviour will be expected. I understand that in the event of my son’s/daughter’s serious misbehaviour during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

✂.....

Parent / Carer Consent:

I have read all of the above information provided by the school in relation to the excursion, including any attached material. I understand this excursion has the approval of the Principal. I give permission for my daughter/son in Class to attend the excursion toon

Travel will be by bus / walking / private vehicle. (please circle)

Parent/guardian (name): Parent/guardian (signature): (date):

Medical Details:

To assist the teacher and to the best of my knowledge, my child has a/no medical injury or condition that places them at risk in participating in this activity. My child has the following special needs:

- My child has a current health care plan yes/no. Details.....
- Medical conditions or illnesses:
- Medications to be administered;

In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.

Emergency contact details:

1. Name: Phone:.....
2. Name: Phone:.....

Medicare Number: Parent / Carer: Date:

Emergency contact details:

3. Name: Phone:.....

4. Name: Phone:.....

Medical Insurance:

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to access the level and extent of their child's involvement in the sport program offered by the school, school sport zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance is available through normal retail insurance outlets.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from www.sportinginjuries.com.au

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that my child will be under the supervision of the team coach and will not be allowed to visit friends or relatives without my written permission and that of the team coach.

Parent / Carer Signature:

Date: