Butler Primary School

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CONSENT FOR WATER-BASED EXCURSION

In-Term Swimming 2017

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 Name		
Parent / Guardian's Name		
Student Home Address		Post Code
Telephone Nº Home	Work	Mobile
Name Family Doctor	Telephone Nº	

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

	Enter Details Here
My child has achieved Stage number:	
Date achieved:	
I am unsure. Please assess my child	
Other comments:	

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 organizers 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: _____