

Student medical details			
Known allergies (drug reactions etc.)		Dietary restrictions:	
		Date of last tetanus injection:	
Medication:	<i>Is the student under medication? (If yes, name medication and attach instructions)</i>		

Student medical details (continued)	
Medical conditions:	<i>Has your child any special medical condition, physical or psychological limitations or cultural restrictions which may affect her/him whilst taking part in any activities? Please provide full details (attach information if necessary). Please provide any other information which you believe may help staff provide the best possible care.</i>

Child's Swimming Ability
<p>In relation to the proposed swimming activity (please read carefully, tick appropriate response and sign):</p> <p><i>In my opinion, my child is:</i></p> <p><input type="checkbox"/> A non-swimmer: my child is unable to swim;</p> <p><input type="checkbox"/> A weak swimmer: my child is comfortable and confident in shallow water but is not very strong or confident in deep water. My child cannot swim more than 10 meters;</p> <p><input type="checkbox"/> An average swimmer: my child is a reasonable swimmer and can swim 25 metres and is confident in deep water;</p> <p><input type="checkbox"/> A strong swimmer: my child is a strong swimmer and can swim more than 50 metres and is confident in deep water.</p> <p>My child is not permitted to go in the water <input type="checkbox"/></p> <p>My child is permitted to go in the water <input type="checkbox"/></p> <p>Parent/Guardian's Signature: Date:</p> <p>My child has achieved Level in the RLSSA Swim and Survive Program on/...../..... (leave blank if you do not know)</p> <p>In addition to parental assessment of a student's swimming ability, assessment of an individual's swimming proficiency is conducted by the school/teacher before participating in any aquatic program or activity.</p>

Parental Consent

Your attention is drawn to the following important points:

- Students are under the teacher's/supervisor's authority for the duration of the excursion. A student may be returned home at the expense of the parent/caregiver if the teacher/supervisor considers that circumstances warrant such action.
- The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm.
- Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent/guardian of the student. Parents may wish to take out additional insurance to cover such costs.
- Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student.
- Students are not permitted to transport other students in vehicles regardless of written permission being provided.

Permission is given to attend this excursion. YES NO

Permission is given for school staff to administer first aid if required YES NO

Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable. YES NO

I agree to pay the excursion costs outlined above. YES NO

Where the excursion involves aquatic activities, I consent to my child swimming with supervision. YES NO

..... /..... /.....
Parent/Caregiver Name *Parent/Caregiver Signature* *Date*