

**\*\*PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO THE CLASSROOM\*\***

**EXCURSION ADVICE**

**EXCURSION CONSENT- In-term Swimming (All Students to return this section to the class teacher)**

Please tick where appropriate

I have paid using Rivergums Primary School **QKR app** (this is the school's preferred method of payment)

I have paid my child's Incursion/Excursion/Class activity fee up front and give permission to allow  the funds

I have transferred \$ \_\_\_\_\_ by direct deposit into the school bank account

**BSB: 066 040 ACC: 19903469**

Please find enclosed \$ 35.00 as cash payment for the excursion

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 acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the information regarding the excursion and give my consent for \_\_\_\_\_ of Class \_\_\_\_\_ to attend the In-term Swimming.

The details recorded on my child's excursion medical form are current  
**or**

Please make the following changes to my child's medical information form.

\_\_\_\_\_

Signature of Parent / Carer \_\_\_\_\_ Date  / /



Government of **Western Australia**  
Department of Education

**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 the Department of Education's Interm Swimming classes at \_\_\_\_\_

commencing on  / /  and enclose 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 if necessary)\*\*

\*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 lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

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 No</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 Department of Education certificates.**

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