



Dear Parent / Carer,

**PARENT INFORMATION AND CONSENT FORM
FOR INTRA STATE SCHOOL EXCURSION**

I am pleased to provide you with the following details regarding our INTERSCHOOL SWIMMING CARNIVAL 2019 excursion. This excursion has been planned to supplement the work being completed in your child's classroom. If you give consent for your child to attend the excursion outlined below, please complete the permission slip attached and return it to the college with the appropriate payment. Failure to return the *Parent/Carer Consent Form* by the due date may result in your child being excluded from this excursion.

INTERSCHOOL SWIMMING CARNIVAL 2019				
Purpose of Excursion:	To compete in the Interschool Swimming Carnival 2019			
Venue:	HBF Stadium, Stephenson Ave Mount Claremont WA 6010			
Travel will be by:	Midland Bus Company			
Itinerary	Depart JFSC:	08:00	Arrive Venue	08:40
	Depart Venue:	14:20	Arrive JFSC	15:00
Date of Excursion	Monday 18 March 2019			
Number of Students attending:	50			
Cost per Student	Nil			
Members of Supervisory Team:	Mr K Jericho, Mr M Faletti, Miss C Hawkins			
Staff Member with CPR and/or first aid training is:	Mr K Jericho, Mr M Faletti, Miss C Hawkins			
Activities to be undertaken:	Competitive Swimming			
Contact arrangements during the excursion:	JFSC Front Office – 9473 4000			
Water Based Activities Advice:	Please see attached.			

Yours sincerely

Kane Jericho
TEACHER IN CHARGE

Melissa Gillett
PRINCIPAL

11 March 2019



CONSENT FORM FOR SCHOOL EXCURSION
INTERSCHOOL SWIMMING CARNIVAL 2019

*(To be signed and returned to Mr K Jericho, Teacher-in-Charge, Health and Physical Education Learning Area,
by: Thursday 14 March 2019.)*

Student Name: _____

I confirm that the college has been notified of any medical conditions or illnesses that may affect my child.

I require a Student Health Care Summary form to update my child's medical conditions.

(Please contact the college on T: 9473 4013 if you require a Student Health Care Summary form).

If the proposed excursion poses any additional health risks to those identified in the *Student Health Care Summary*, eg if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

I have read and understood the information regarding the intra state excursion to **HBF Stadium on Monday 18 March 2019** and give my consent for _____ to participate.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the college and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the college or its employees are proven to be negligent.

Signature of Parent/Carer: _____

Date: _____

WATER BASED OR SWIMMING ACTIVITIES ADVICE

The excursion will involve the following water based or swimming activities: Competitive Swimming

These activities will take place at: HBF Stadium, Stephenson Ave Mount Claremont WA 6010

Water Based or Swimming Activities Response

Please indicate your child's swimming ability: _____

Department of Education Swimming Stage achieved: _____ Date achieved: _____

I am unsure - please assess my child:

Swimming Ability

Stage 1 Beginner	Stage 4 Water Awareness	Stage 7 Intermediate	Stage 10 Junior Swim and Survive*
Stage 2 Water Discovery	Stage 5 Water Sense	Stage 8 Water Wise	Stage 11 Swim and Survive*
Stage 3 Preliminary	Stage 6 Junior	Stage 9 Senior	Stage 12 Senior Swim and Survive*

*Stages 10 to 12 are 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.

I give permission for my son/daughter to participate in the water based or swimming activities.

Signature of Parent/Carer: _____

Date: _____