

PARENT INFORMATION AND CONSENT FORM FOR SCHOOL EXCURSION

Dear Parent/Guardian

I am pleased to provide you with the following details regarding our forthcoming excursion.

TITLE: NPS Year 4-6 Swimming Carnival

VENUE: Northam Aquatic Centre

DATE: Wednesday 6th April 2022

TIMES: TIME LEAVING: 9:15am

TIME RETURNING: 2:15pm

PURPOSE: Students to race against other students in their factions and display their swimming skills they have learnt from their swimming lessons earlier in the term.

REQUIREMENTS FOR THE DAY: Bathes, goggles, sunscreen, water bottle, recess and lunch. If students prefer to swim in racing bathes, a rashie/school top must be put on after their race. Bikinis are not acceptable.

SUPERVISION: Mr Robson, Miss Barnes, Mr Butler, Mrs Southwell, Mrs Johnson.

COST: The cost of the excursion is \$3.00 unless season ticket which must be supplied.

TRANSPORT: Students will be walking. The class will depart from Northam Primary School at 9:15am and return again at 2:15pm.

CONTACT ARRANGEMENTS: For any concerns on the day, please contact the school - 9621 5700 who will pass the information onto the supervisory team.

Water based activities advice

Students will be participating in races based on their current swimming level. Students above level 6 will be participating in all/most swimming events.

Student below level 6 will participate in short swimming races and novelty events.

- Due to COVID-19 restrictions, Northam Aquatic Centre has advised us that there is a capacity of 500 people allowed to attend to the event. If you wish to attend to the event, please sit on the opposite side to where the students are sitting.

Alex Robson

Physical Education Teacher

Mark Donaldson

Principal

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Please detach and return by: **Monday 28th March 2022**, including payment for the excursion.

If your son/daughter has special needs please provide full details and include any relevant medical details on the attached Student Health Care Summary.

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. 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 consent to _____ participating in the excursion, **NPS Year 4-6 Swimming Carnival**, on **Wednesday 6th April 2022**.

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

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

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 2 Water Discovery

Stage 3 Preliminary

Stage 4 Water Awareness

Stage 5 Water Sense

Stage 6 Junior

Stage 7 Intermediate

Stage 8 Water Wise

Stage 9 Senior

Stage 10 Junior Swim and Survive*

Stage 11 Swim and Survive*

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 _____

(Please insert name/s of child or children)

to participate in the water based or swimming activities to be held at Northam Aquatic Centre.

Parent/guardian

Date

NORTHAM PRIMARY SCHOOL STUDENT HEALTH FORM
STRICTLY CONFIDENTIAL

- This information is required for each student participating on the excursion. It will assist the school and supervising teachers in the preparation and planning of the excursion.
- This form should be completed to notify the school of any changes to your child's health.
- If there are no changes, there is no need to complete this form

STUDENT DETAILS

Student's name: _____

Date of birth: _____

Parent/guardian's full name: _____

Address: _____ Postcode: _____

Telephone no. – home: _____

– work: _____

– mobile: _____

Name of family doctor: _____

Telephone no: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes ☐ No ☐

If "yes", please give details:

Is your child allergic to:

Penicillin ☐ (Please give details)

Any other drug ☐ _____

Any food ☐ _____

Other ☐ _____

Date of last tetanus vaccination: _____

Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications 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", state name of medication, dosage and frequency of use:

Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child