

## Permission Notification Report

### 2018 Year 1 Swimming

Dates: from 13/03/2018 to 23/03/2018

**Details of excursion:** Dates for lessons: Tuesday 13th March to Friday 23rd March. (8 lessons per student)  
SPECIAL THANKS TO WOLFDENE FOR SPONSORING THE YEAR 1 SWIMMING.  
Please ensure prompt return of permission forms so we can confirm numbers for the busses and swim instructors. Late forms may result in the student not being able to participate.

**Destination:**

**Special needs:** Knowledge of swimming and water safety can reduce a child's drowning risk and provide them with skills that may one day save a life. It is expected that all Year 1 students participate unless they are currently participating in lessons outside of school hours.

**Transport method:** Hired Coach  
**Adult responsible:** Mrs Tara GLEESON

**Cost:** \$0.00  
**Direct Deposit to:** Account Name: Cranbourne West PS Council Official A/C  
BSB: 633000 Account Number: 134846831



Please include the family ID and excursion ID 18Y1SWIMMING in the reference field when making a payment.

**Student details:**

Tear off slip

Please check details on this slip, sign and return to the school no later than the 09/02/2018.

2018 Year 1 Swimming

Dates: from 13/03/2018 to 23/03/2018

**Cost: \$0.00**

Use CSEF Funds

*Student Name:* \_\_\_\_\_ *Home/Car* \_\_\_\_\_

**Medical condition/s:** \_\_\_\_\_

**Access Alerts:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_  
business hours telephone: \_\_\_\_\_

**Home mobile:** \_\_\_\_\_

**Emergency contact number for this excursion:** \_\_\_\_\_  
\_\_\_\_\_

**Doctor name:** \_\_\_\_\_

**Doctor telephone:** \_\_\_\_\_

**Medicare number:** \_\_\_\_\_

**Family has ambulance subscription:** \_\_\_\_\_

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

**NOTE:** Parents/guardians should provide written approval prior to their child taking part in any excursion.