NOTICE - 021 – 2016 Swimming Program

Dear Parents/Guardians,

This year’s Swimming Program for all students will take place at HILAC. The following information/documents are included for you information and completion.

**Educational purpose of the excursion:** Swimming / water safety

**Details of supervising staff:** Grade Teachers

**Cost:** $97 (if you are eligible for CSEF please see Leesa or Maree)

**Name and contact details of the 24-hour school emergency contact:** Lachlan Yeates – 5571 9295

**Date of Excursion:**
- Prep – Monday 18th April to Monday 2nd May (no swimming Monday 25th April)
- Grades 1 & 2 – Tuesday 3rd May to Monday 16th May

**Distance from expert medical care:** 2kms

**Travel arrangements:** Buses

**Adventure activities to be undertaken or that may be offered to students throughout the day:**
Swimming

**Forms and Payment Required by:** Thursday 14th April (No late forms or payment will be accepted)

**Refund:** Refunds will only be given on presentation of a medical certificate.

A risk management plan for this program has been developed by staff and is available for parents to review on request.

**Attachments**
- Parent Excursion Consent Form

**Clothing:** Students are to ensure they have their bathers and a towel and wear their sports clothes for the two week swimming period.

Yours sincerely,

Lachlan Yeates
Principal
**2016 SWIMMING PROGRAM**

return completed form to school

**Student behaviour**

‘I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.’

**ICT/Photograph consent**

‘I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.’ [Strike out if you do not consent]

‘I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.’ [Strike out if you do not consent]

**Medical consent**

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 any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

**Consent for emergency transportation**

‘In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.’

**Student accident insurance**

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.
Parent consent and payment – 2016 Swimming Program

I have read all of the above information provided by the school in relation to the 2016 Swimming Program, including any attached material.

I, ........................................................................... give permission for my child/ren to participate in the Prep to Grade 2 swimming Program.

<table>
<thead>
<tr>
<th>STUDENTS NAME</th>
<th>GRADE</th>
<th>CURRENT SWIMMING LEVEL (If different from 2015)</th>
<th>$97.00 EACH</th>
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Total Amount: $....................... payable/enclosed

Payment Method: Cash / Cheque / EFTPOS / Please debit my: VISA / MASTERCARD (CIRCLE)

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<th>EXPIRY DATE</th>
<th>NAME ON CARD</th>
<th>SIGNATURE</th>
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Parent/guardian: ____________________________________________ (full name)

__________________________________________ (signature) ____________ (date)

Office Use Only

Amount Received: $.............................. Date: / / 

Payment Method: Cash / Cheque / EFTPOS / Credit Card / CSEF

Initialled: