



CONSENT FORM FOR INTERM SWIMMING LESSONS 2024

SIGN & RETURN THIS TO THE SCHOOL BY

FRIDAY 13 SEPTEMBER, 2024

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 agree to inform the organisers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

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

My child's student health care summary is up to date.

OR

The following details have changed from those recorded on my child's student health care summary.

I acknowledge that;

1. Should my child need to be withdrawn from the excursion for breaching the School Code of Conduct, it will be my responsibility to arrange to have them collected from the venue as soon as I am contacted.
2. Any costs involved in returning my child to school will be passed on to me.

Contact Information

Mobile:	Home:	
Work:	Other:	
I have read and understood the information regarding the Interm Swimming Lessons from the 9-18 October 2024 and give consent for my son/daughter to attend.		
<i>I have made payment for the \$25.00 cost of the excursion</i>		
<input type="checkbox"/> Cash- enclosed	<input type="checkbox"/> Bank transfer receipt no.: _____ BSB: 016 358 Account no.: 3408 25113 Ref: Surname / Swimming	<input type="checkbox"/> Eftpos at office
Child's Name: _____	Room: _____	
Parent/guardian name: _____		
Parent/guardian signature: _____	Date: _____	