



# Gooseberry Hill Primary School

## Excursion Permission Slip

Swimming Lessons for PP-Year 3

&

Carnival for PP-Year 3 2019

**Lessons:** Wednesday 16 October to Friday 25 October      **Lesson Venue:** Maida Vale Pool

**Carnival:** Friday 13 December      **Carnival Venue:** Swan Aquatic Centre

**Classes:** PP to Year 3      **Staff attending:** Class Teachers      **Cost:** \$53.00 for **both** events

**Requirements:** Bathers, towel, goggles, thongs or similar to wear to and from pool.  
(NOT TO BE WORN AT SCHOOL)

**Note:** Students who have not returned a signed consent form will not be able to participate in this excursion. Parents are asked to complete and return forms to the office.

To ensure your child is put in the correct swimming level, **please return all forms to the office by Friday 13 September 2019.**

Principal  
Matthew Snell  
30 August 2019

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### Carnival Permission Form PP to Year 3

I give my child \_\_\_\_\_ in room \_\_\_\_\_ permission to  
[Full Name PRINT BLOCK LETTERS]  
attend the Swimming Carnival at **Swan Aquatic Centre on Friday 13 December**. I understand the nature of the activities proposed and give staff permission to consent to any emergency medical treatment considered necessary. I am also aware that normal school rules apply and the Education Department insurance does not cover loss or damage of personal belongings.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

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### Swimming Lessons and Carnival Payment Form PP-Year 3

Full name of student \_\_\_\_\_ Room \_\_\_\_\_

Payment **\$53.00** which is full payment for the excursion via

Cash     Cheque     Prepaid     EFT deposit    Account Name: Gooseberry Hill Primary School

BSB: 066-112

**\*NOTE\*If you are unsure if you have prepaid  
please check with the office.**

Account No:00900983

Receipt Number: \_\_\_\_\_

Please return all forms, together with payment/EFT receipt to the front office by Friday 13 September 2019

**Swimming Lesson Permission Form**  
**PP-Year 3**  
**Section for Swimming Teachers**

I give my child \_\_\_\_\_ permission to attend Interm swimming classes at **Maida Vale Pool commencing 16 October** and enclose payment of \$53.00.  
[Full Name PRINT BLOCK LETTERS]

**Medical:** Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition** that may affect his/her safety?

No  Yes Please provide details of medication currently being taken if applicable

*Unless such conditions are listed and the form returned, Swimming Staff cannot take responsibility for medical conditions of which they are unaware.*

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school teachers to consent to my child receiving such medical treatment as may be considered necessary.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Contact No.: \_\_\_\_\_ Room Number: \_\_\_\_\_

School: Gooseberry Hill Primary School

Stage No:

	7	Intermediate
1	Beginner	8 Water/Surf Wise
2	Water/Surf Discovery	9 Senior
3	Preliminary	10 Jnr Swim & Survive
4	Water/Surf Awareness	11 Swim & Survive
5	Water/Surf Sense	12 Snr Swim & Survive
6	Junior	12 Adv Swim & Survive
	+	Survive

**My child is going for Stage No:**

**Unsure, please grade:**

Please indicate here if your child has attempted the "Going For" Stage indicated above three times without passing.

Signed \_\_\_\_\_  
(Parent/Guardian)