



Gooseberry Hill Primary School Excursion Permission Slip

SWIMMING LESSONS FOR YEAR 4-6 & CARNIVAL 2020

Date: Lessons: Wednesday 5 February 2020 to Friday 14 February 2020

Venue: Kalamunda Pool

Carnival: Monday 6 April 2020

Venue: Bilgoman Pool

Classes: Year 4 to Year 6 **Staff attending:** Class Teachers **Cost:** \$50.00

Student Requirements: Bathing, towel, goggles, thongs or similar to wear to and from pool.
(Bathers are not to be worn to school)

Please 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 **both sections** below – one for the swimming teachers and one for the school

All payments must be received by Friday 31 January 2020 unless prior arrangements have been made with the school office.

RETURN ALL FORMS BELOW TO OFFICE BY FRIDAY 31 JANUARY 2020

Deputy Principal

21 November 2019



PERMISSION FORM FOR SWIMMING LESSONS YEAR 4-6 2020

I give my child _____ permission to attend Interm swimming classes at
[Full Name PRINT BLOCK LETTERS]
Kalamunda Pool commencing 5 February 2020.

I also give my child permission to attend Bilgoman Pool on Monday 6 April 2020.

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 _____
(Parent/Guardian)

Date: _____

PAYMENT ADVICE SWIMMING LESSONS FOR YEAR 4-6 & CARNIVAL 2020

Full name of student _____ Room _____

Payment \$ _____ which is full payment for the excursion via

Cash Cheque EFT deposit Gooseberry Hill Primary School
BSB 066-112 Account # 00900983 (Use child's name as reference)

Reference on EFT _____

Total Amount _____ Prepaid (balance of credit from 2019)

PLEASE RETURN TOGETHER WITH PAYMENT OR EFT RECEIPT TO THE FRONT OFFICE



Gooseberry Hill Primary School

SWIMMING LESSONS PERMISSION SECTION FOR SWIMMING TEACHERS

I give my child _____ permission to attend Interm swimming classes at
[Full Name PRINT BLOCK LETTERS]
Kalamunda Pool commencing Wednesday 5 February 2020.

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. _____

Gooseberry Hill Primary School

Room Number _____

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

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)