

06/02/2024

Excursion Permission Note for Parents

2024 School Swimming Carnival

I give permission for my child _____ in class _____ to attend the **Duffy Primary School** excursion to Stromlo Leisure Centre on 5 March 2024 travelling by Bus and other details as outlined in the Excursion Information for Parents (including contingency plans).

I agree to my child participating in the swimming/aquatic activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The [Medical Information and consent](#) form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. **Are there any changes to this form?**

Yes ☐ No ☐

If yes, an updated *Medical Information and Consent Form* is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes ☐ No ☐

If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes ☐ No ☐

If yes, please provide these details:

Please provide the following information:

Medicare Number:			
Private Health Fund:		Membership No.:	
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.			

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____

Permission for Aquatic Activities

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education Directorate.

As a part of this assessment and to help ensure the safety of your child, please provide the following information:

Name of Child: _____

Teacher Name: _____ Class: _____

Distance my child can confidently swim:

☐ less than 10m ☐ 10m ☐ 25m ☐ 50m ☐ 100m

☐ I agree to my child taking part in swimming / aquatic activities (e.g. novelty relays) associated with this excursion.

☐ I understand that my child will participate in the Royal Life Saving Society ACT Survival Challenge Proficiency Test which involves:

1. Perform a slide-in-entry and walk through 5 metres of water with acceptable stability and coordination.
2. Swim continuously for 25 metres using an action an action that resembles a forward-facing stroke.
3. Perform survival scull, float or tread water for 40 seconds in deep water.
4. Exit water unassisted.

The outcome of the proficiency testing will determine which events/activities your child will participate in on the day.

☐ I have completed an entry form via the link/QR on the Excursion Information note.

Name of Parent / Carer: *(please print)* _____

Signature: _____ Date: _____

Emergency contact on the day:

Contact Person: _____ Contact Number: _____

Payment Slip

I am paying the amount of \$ _____ for

Student Name: _____ of class: _____

to attend the **2024 School Swimming Carnival on 5 March 2024.**

☐ **Electronic Funds Transfer** to our bank account

Acct name: Duffy Primary School

BSB: 032777

Acct no: 001228

Reference: SWIM

Please email details of payment to alice.lollback@ed.act.edu.au when completed

☐ **Quickweb** via our school website (Please use your Family Key, Student key and SWIM as the identifier)

☐ **Credit Card** by telephone to the school office 02 6142 2510, via the payment tab on our school website or by completing your details below and returning to the school office

Card No:

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 Expiry Date: _____

Name on card (*Please print*): _____ Signature: _____

☐ **Cash or Cheque** at the school office

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.