



**INTERM SWIMMING ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

I give my child

Age: \_\_\_\_\_ School: **Campbell Primary School**

Room Number: \_\_\_\_\_ permission to attend the Department of Education's Interm Swimming classes at **RIVERTON LEISUREPLEX**

commencing on 7 / 5 / 18 and **enclose payment of \$** \_\_\_\_\_ (lessons for Government schools are free. Payment is for the transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability\*** that may affect his/her safety, or require the school to provide learning adjustment?

**No**  **Yes** (Please provide further information if necessary).\*\*

*\* Swimming Staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form>*

*\*\* If necessary please consult your Principal well in Advance of lessons to discuss appropriate learning adjustments.*

Please list and provide details of medication currently being taken if applicable:

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.

<b>Stage No:</b>	10 Jnr Swim & Survive
	11 Swim & Survive / Surf
1 Beginner	Stage 11
2 Water/Surf Discovery	12 Snr Swim & Survive /
3 Preliminary	Surf Stage 12
4 Water/Surf Introduction	13 Wade Rescue / Surf
5. Water / Surf Safe	Stage 13
6 Junior	14 Accompanied Rescue
7 Intermediate	/ Surf Stage 14
8 Water/Surf Wise	15 Bronze Star (pool
9 Senior	only)

<p><b>My child is going for Stage No:</b></p> <p>_____ <input type="checkbox"/></p> <p><b>Unsure, please grade</b></p> <p><input type="checkbox"/></p>
<p><b>My child has attempted this 'going for'</b></p> <p><input type="checkbox"/></p> <p>stage three times in Department of Education and Training classes without passing.</p> <p><b>Please attached copies of last three Dept of Education certificates.</b></p>

Signature \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Parent Contact Phone No: \_\_\_\_\_ (Day Time)



**EXCURSION: Year 2,4,6 – Interm Swimming**  
**MEDICAL INFORMATION AND CONSENT FOR EXCURSION**

Please complete the following information *relating to your child's participation* in this excursion. Tick if relevant:

**Allergies**

Medication required

Allergy to: \_\_\_\_\_

Medication name & dose:

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**Asthma**

Medication required

Medication name & dose:

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**Other condition**

Other medication required

Medication name & dose:

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MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE EXCURSION.

**PARENT / GUARDIAN CONSENT**

I have read and understood the information regarding participation in the Interm Swimming lessons at Riverton Leisureplex commencing **Monday 7 May 2018**

I enclose \$\_\_\_\_\_ and give consent for my son/daughter

LA\_\_\_\_\_ to attend the excursion.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to attend to such medical treatment as may be considered necessary. I am aware the Department of Education insurance does *not* cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_