



**Attadale  
Primary School**

Foundations for life

# Consent for Water-Based Excursion

## **STRICTLY CONFIDENTIAL**

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

### Student details

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or guardian's name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone No \_\_\_\_\_ Work No \_\_\_\_\_

Mobile No \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Telephone No \_\_\_\_\_

### Swimming Ability

Stage No:

1	Beginner	7	Intermediate
2	Water Discovery*	8	Water Wise*
3	Preliminary	9	Senior
4	Water Awareness*	10	Junior Swim and Survive*
5	Water Sense*	11	Swim and Survive*
6	Junior	12	Senior Swim and Survive*

*\*Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the students range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.*

My child has achieved Stage:  Date achieved: \_\_\_\_\_

I am unsure. Please assess my child:

I agree to inform the organisers 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, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

## **PTO AND COMPLETE THE STUDENT HEALTH FORM**

**Attadale Primary School** Wichmann Road Attadale WA 6156

**School Office:** 08 9330 3422 **Fax:** 08 9330 7486 **Email:** attadale.ps@education.wa.edu.au

**attadaleps.wa.edu.au**

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**STRICTLY CONFIDENTIAL**

**This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.**

**Medical details**

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes  No

If "yes", please give details:

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**Is your child allergic to:**

Penicillin	<input type="checkbox"/>	(Please give details)	_____
Any other drug	<input type="checkbox"/>		_____
Any food	<input type="checkbox"/>		_____
Other	<input type="checkbox"/>		_____

Date of last tetanus vaccination: \_\_\_\_\_

**Medication**

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of prescribed medication?  
Yes  No

Does your child self-administer the medication?  
Yes  No

If "yes", state name of medication, dosage and frequency of use:

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Does your child have a current Health Care Authorisation Plan at school? Yes  No

**Other information**

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

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