



## Excursion Consent Form

<b>What:</b>	Swimming Program – changed to Eaglehawk Pool
<b>Where:</b>	Eaglehawk Pool
<b>When:</b>	Mon 12 <sup>th</sup> December, Wednesday 14 <sup>th</sup> December & Friday 16 <sup>th</sup> December.
<b>Who:</b>	All students Grades P-6
<b>Transport:</b>	We will be travelling by bus. <b>Mon 12<sup>th</sup> Dec</b> – departing the school at 9.00am and returning at 12.00pm approx. <b>Wed 14<sup>th</sup> Dec</b> – departing the school at 11.30am and returning at 1.45pm. approx. <b>Fri 16<sup>th</sup> Dec</b> – departing the school at 11.30am and returning at 1.45pm approx. <i>*Please note that on Wed &amp; Fri we will be eating lunch at the playground near the Eaglehawk Pool after our lesson if the weather is fine.</i>
<b>Cost:</b>	None.
<b>Teacher in charge:</b>	Mr Cox.
<b>Details:</b>	Due to the forecast cooler temperatures we have moved our swim lessons from the Goornong Pool to the Eaglehawk Pool.

Tear off here-----

### PERMISSION FORM – SWIMMING PROGRAM CHANGED TO EAGLEHAWK POOL

Student Name: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Emergency Contacts  
(on day of excursion): \_\_\_\_\_

Does student have ambulance subscription?    Y / N

My child has asthma?    Y / N

My child will carry own medication?    Y / N

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Parent signature: \_\_\_\_\_

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

