



Bull Creek Primary School Parent Consent Form

Dear Parents,

The following excursion has been organised and it would be appreciated if you would read the contents carefully. Please complete the consent form and return it to the class teacher. Any appropriate costs need to be returned to the school office.

If no payment envelope is attached the activity has already been paid using your account credit and no money is required.

| | | |
|---|--|--|
| Activity | INTERM Swimming Lessons | |
| Venue Details | Riverton Aquatic Centre – Leisurefit Riverton | |
| Date of Excursion | Monday 20 June - Friday 1 July 2022 | |
| Educational Purpose of Excursion | Health and Physical Education outcomes- swimming abilities, Sportsmanship. Various strength and motor skills. | |
| Supervisory Team | Class Teachers and Education Assistants | |
| Classes Attending | Pre-Primary – Year 6. Fremantle LDC Classes | |
| Mode of Transport | Horizons West Bus | |
| Times | Leaving School | A timetable for lesson times and departure times will be distributed to families closer to the date. |
| | Arriving at school | |
| Cost per Student | \$57.00 | |
| Payment to be made before | Friday 10 June 2022 | |
| Requirements: | Children are to wear bathers under their school uniform and bring a towel and a change of underwear. A pair of thongs may be worn to and from the pool. Students may also wear a robe or a dressing gown, to keep warm, over their bathers as they will be changing at school. | |

Kind regards
Tracey Owen
Associate Principal

6 May 2022

Please Note There is an increased cost this year due to students attending 10 sessions, where previously only 9 have been attended. Also, there is a change in venue due to building works at our normal pool.

A timetable for lesson times and departure times will be distributed to families closer to the date, via Connect.

Return this whole page to school.

| | | |
|--|-------|---------|
| Home: | Work: | Mobile: |
| Other: | | Class: |
| <p>I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.</p> <p>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, should it be considered necessary, school staff will arrange to present my child for medical assessment.</p> <p>I have read and understood the information regarding our INTERM Swimming Lessons and give consent for my son/daughter _____ to attend.</p> <p>Signature of parent/guardian: _____ Date: _____</p> | | |

❖ The following details have changed from those recorded on my child's medical information form.



Government of Western Australia
Department of Education

Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age _____ School _____
(Full Name PRINT BLOCK LETTERS)

Room Number _____ permission to attend Department of Education's Interm Swimming classes at _____

Commencing on ____/____/____ Enclosed is payment of \$ _____ (Lessons for Government schools are free. Payment is for 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 below if necessary**

Please provide details of medication currently being taken (if applicable): _____

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL.

**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 swimming lessons to discuss appropriate learning adjustments.*

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 staff to consent to my child receiving such medical treatment as considered necessary

| | |
|----------------------------|---------------------------------------|
| Stage Number | 8. Water/Surf Wise |
| 1. Beginner | 9. Senior |
| 2. Water/Surf Discovery | 10. Jnr Swim & Survive/ Surf Stage 10 |
| 3. Preliminary | 11. Swim & Survive/ Surf Stage 11 |
| 4. Water/Surf Introduction | 12. Snr Swim & Survive/ Surf Stage 12 |
| 5. Water/Surf Safe | 13. Wade Rescue/ Surf Stage 13 |
| 6. Junior | 14. Accompanied Rescue/ Surf Stage 14 |
| 7. Intermediate | 15. Bronze Star (pool only) |

My child is going for Stage Number

☐

Unsure please grade

☐

My child has attempted this 'going for' stage three times in Department of Education classes without passing
Please attach copies of last three (3) Department of Education certificates.

☐

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)