Department of Education and Early Childhood Development Proforma
Parent Excursion Consent

To obtain effective consent, schools need to provide sufficient information to parents about the nature of and risks associated with the excursion. Parents must be able to give informed consent to their child’s participation in the excursion after considering the risks. Specific information about the excursion should be included here or provided as an attachment. There must be full disclosure. Parents should also be given the opportunity to ask questions. A risk assessment of all adventure activities must be completed and submitted to the school council as part of the approval process.

Name of school: Cranbourne East Primary School

YEAR 1 SWIMMING
Dates: 17th - 21st October 2016 (Please retain this page for your information)

Educational purpose of the program:
To give students experience in swimming whilst learning swimming techniques and water safety skills from qualified swimming instructors. There will be a focus on water safety and survival skills. Lessons will be 40 minutes duration with qualified instructors.

Details of supervising staff:
Dale Carey - Teacher in charge

Total Cost: $52

Payment is due by 6th October, 2016
No late payments will be accepted.
If you are experiencing financial difficulty and are unable to make payment by the due date please contact the office.

No refunds can be given due to the venue and bus requirements.
If you are a CSEF recipient and wish for your funds to be allocated, please contact the office.

Name and contact details of the 24-hour school emergency contact:
Cranbourne East Primary School  (03) 5990 0400

Departure details
Dates: 17th - 21st October 2016 from Cranbourne East Primary School.

Times: Timetable available upon confirmation of numbers

Venue:
Casey RACE - 65 Berwick-Cranbourne Road, Cranbourne East VIC 3977.

Distance from expert medical care:
12.1 km to Casey hospital.

Travel arrangements:
Coach.

Adventure activities to be undertaken or that may be offered to students throughout the program:
Swimming, safety and survival skills.

Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program. Children will be briefed at the beginning of the activity and will be made aware of their responsibilities when engaged in pool activities. They will know the safety procedures that should be taken. These procedures fall into two main categories: factors relating to one’s own safety, factors relating to the safety of others. Correct staff ratio will be maintained. All staff are aware of and will follow the Safety Guidelines.

A risk management plan for this program has been developed by staff and is available for parents to review on request.

Attachments
X Medical form

Children need to bring: Bathers, towel, goggles (if required), underwear and a labelled plastic bag for wet clothes.
Please label all clothing and towels.
** Please complete this form and return to the school.**

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

### YEAR 1 SWIMMING

**Date(s): 17th - 21st October 2016**

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Student's full name:</td>
<td></td>
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<tr>
<td>Student's address:</td>
<td></td>
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<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Parent/guardian's full name:</td>
<td></td>
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<tr>
<td>Name of person to contact in an emergency (if different from the parent/guardian):</td>
<td></td>
</tr>
<tr>
<td>Emergency telephone numbers: <strong>After hours</strong></td>
<td><strong>Business hours</strong></td>
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<tr>
<td>Name of family doctor:</td>
<td></td>
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<tr>
<td>Address of family doctor:</td>
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</tr>
<tr>
<td>Medicare number:</td>
<td></td>
</tr>
<tr>
<td>Medical/hospital insurance fund:</td>
<td>Member number:</td>
</tr>
<tr>
<td>Ambulance subscriber? Yes □ No □ If yes, ambulance number:</td>
<td></td>
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<tr>
<td>Is this the first time your child has been away from home? Yes □ No □</td>
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</tbody>
</table>

**Please tick if your child suffers any of the following:**

- Asthma (if ticked complete Asthma Management Plan)  □ Bed wetting  □ Blackouts
- Diabetes  □ Dizzy spells  □ Heart condition  □ Migraine
- Sleepwalking  □ Travel sickness  □ Fits of any type
- Other: □

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**SWIMMING ABILITY**

*Please tick the distance your child can swim comfortably.*

- Cannot swim (0m)  □ Weak swimmer (<50m)  □ Fair swimmer (50-100m)
- Competent swimmer (100-200m)  □ Strong (200m+)

**ALLERGIES**

*Please tick if your child is allergic to any of the following:*

- Penicillin  □ Other Drugs: □
- Foods: □
- Other allergies: □

What special care is recommended for these allergies? □
Year of last tetanus immunisation: ____________________________
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))
MEDICATION Is your child taking any medicine(s)? □ Yes □ No
If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.
MEDICAL CONSENT
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 any medical or surgical attention deemed necessary by a medical practitioner.
• Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

SIGNATURE OF PARENT / GUARDIAN (named above) __________________________________________

Date:

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.
Note: You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.

A risk management plan for this program has been developed by staff and is available for parents to review on request.

Student behaviour
‘I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

ICT/Photograph consent
‘I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.’ [Strike out if you do not consent]
‘I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.’ [Strike out if you do not consent]

Consent for emergency transportation
In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.

Student accident insurance
The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

PARENT CONSENT
I have read all of the above information provided by the school in relation to the Year 1 Swimming, including any attached material.

I give permission for my daughter/son ____________________________ (full name) to attend.
Grade: ______
Parent/guardian: __________________________________________

Signature: ____________________________ Date: ____________________________

In case of emergency I can be contacted on: 1: ____________________________
2: ____________________________

Note: Parents are asked to respect the privacy of students by not taking photos or filming students during activities.