Mont Albert Primary School

DIVING PROGRAM
To Parents of Students in Grades 5/11, 5/18, 5/19 & 5/20

As part of our Health and Physical Education Program, the Diving Program for these students will consist of 5 sessions during October. The Aquatic Program is a compulsory component of the school Physical Education and DEECD (AUSVELS) curriculum, developing swimming and safety skills whilst promoting independence and class cohesiveness. These costs are budgeted on the assumption that all students are expected to attend.

VENUE: Box Hill Aqualink.
COST: $85.00 which covers bus hire, pool entry and diving instructors.
WHEN: Tuesday 7th, 13th, 14th, 20th, 21st October.
TIMES: 5/11 - Depart school approximately 11.45am; Return to school approximately 13.30pm.
5/18 - Depart school approximately 12.45am; Return to school approximately 14.00pm.
5/19 - Depart school approximately 13.30am; Return to school approximately 15.00pm.
5/20 - Depart school approximately 14.10am; Return to school approximately 15.30pm.

Please complete the attached form and return with payment as soon as possible. All forms and payments must be returned by Monday, 1st September.

NO REFUNDS WILL BE GIVEN

Luke Byrne
CO-ORDINATOR

Mont Albert Primary School

PAYMENT SLIP

Diving Program: $85.00

Child’s Name: ................................................................. Grade: ............................................

Enclosed is total payment of $.................................

Direct Deposit Details:
BSB: 063-105 Mont Albert Primary School Official Account
Account Number: 10066804

(use Student No. as your Reference)

Remittance advice should be emailed to: account@maps.vic.edu.au or faxed to MAPS on 9899 3093.

NO REFUNDS WILL BE GIVEN

Signed: ................................................................. Date ...................................................

Payment by Credit Card:
Please tick if using / Mastercard / Visa
and complete the following (please print)

Card Holder’s Name ____________________________ Expiry Date __________________________

Amount $ ______

U:/Web Page Holding Account/Swimming Notices/DIVING notice grade 5 2014.doc
Signature: _______________________________
NAME OF CHILD: ................................................................. GRADE..........................

As a Parent/Guardian of this student, I give consent for him/her to participate in the Diving Program
and/or Aquatic Activities being conducted on Monday 7th, 13th, 14th, 20th, 21st October and agree to the
delegation of authority to the Staff and/or Instructors involved.

I authorise the teachers in charge of the Swimming Program to consent, where it is impracticable to
communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

I submit the attached medical information and include details of limitations which he/she has for the activities
concerned.

Signed: ________________________________ Date ____________________

Home No. ______________________________

Suitable emergency number for swimming dates ______________________________

If an emergency occurs an ambulance will be called.
Do you consent to your child being transported in an ambulance? YES/NO

MEDICAL INFORMATION  (This information can protect your child)

<table>
<thead>
<tr>
<th>MEDICAL CONDITION</th>
<th>FURTHER INFORMATION OR SPECIAL INSTRUCTIONS</th>
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<tbody>
<tr>
<td>ALLERGY</td>
<td></td>
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<tr>
<td>(Particularly to Bee or Wasp sting)</td>
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<tr>
<td>BREATHING</td>
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<tr>
<td>(Particularly Asthma)</td>
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<tr>
<td>EAR DISORDER</td>
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<td>(Particularly drainage tubes)</td>
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<tr>
<td>EPILEPSY</td>
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<td>(Whether mild or severe)</td>
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<tr>
<td>FAINTING/DIZZY SPELLS</td>
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<td>(or other sudden loss of consciousness)</td>
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PREVIOUS SWIMMING LESSONS / LEVEL / EXPERIENCE:

__________________________________________

__________________________________________

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