SWIMMING PROGRAM

To Parents of Students in Grades Prep 9, Prep 10, 2/26 & 2/27,

As part of our Health and Physical Education Program, the Swimming Program for these students will consist of 9 sessions during September. The Swimming 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: Nunawading Aquatic and Fitness Centre.
COST: $150.00 which covers bus hire, pool entry and swimming instructors.
WHEN: Tuesday 7th, 8th, 9th, 10th, 13th, 14th, 15th, 16th, 17th October.
TIMES: Depart school approximately 12.30am
Return to school approximately 14.30pm.

Please complete the attached form and return with payment as soon as possible. All forms and payments must be returned by Friday, 12th September.

Refunds under 5 days will not be possible. 5+ days for reasons of illness must have a doctor's certificate.

Luke Byrne
CO-ORDINATOR

Mont Albert Primary School
PAYMENT SLIP

Swimming Program: $150.00

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

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

Direct Deposit Details: BSB: 063-105 Mont Albert Primary School Official Account
(use Student No. as your Reference) Account Number: 10066804

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

Refunds under 5 days will not be possible. 5+ days for reasons of illness must have a doctor's certificate.

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 $ ________

Signature: ________________________________
NAME OF CHILD: ................................................................. GRADE.............................

As a Parent/Guardian of this student, I give consent for him/her to participate in the Swimming Program and/or Aquatic Activities being conducted on Tuesday 7th, 8th, 9th, 10th, 13th, 14th, 15th, 16th, 17th 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>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGY</td>
<td>YES/NO</td>
</tr>
<tr>
<td>(Particularly to Bee or Wasp sting)</td>
<td></td>
</tr>
<tr>
<td>BREATHING</td>
<td>YES/NO</td>
</tr>
<tr>
<td>(Particularly Asthma)</td>
<td></td>
</tr>
<tr>
<td>EAR DISORDER</td>
<td>YES/NO</td>
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<tr>
<td>(Particularly drainage tubes)</td>
<td></td>
</tr>
<tr>
<td>EPILEPSY</td>
<td>YES/NO</td>
</tr>
<tr>
<td>(Whether mild or severe)</td>
<td></td>
</tr>
<tr>
<td>FAINTING/DIZZY SPELLS</td>
<td>YES/NO</td>
</tr>
<tr>
<td>(or other sudden loss of consciousness)</td>
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</tbody>
</table>

PREVIOUS SWIMMING LESSONS / LEVEL / EXPERIENCE:

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