

# Mont Albert Primary School

June 2016

## DIVING PROGRAM

To Parents of Students in Grades 5/11, 5/12, 5/18, 5/19

As part of our Health and Physical Education Program, the Diving Program for these students will consist of 5 sessions during August. The Diving Program is a compulsory component of the school Physical Education curriculum, developing diving 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: **Monday 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup> August.**

TIMES:

Classes	Bus Departs MAPS	Swimming Lesson Time	Bus arrives back at school
5/19	11:50	12:15 – 1pm – 1 class	1:30
5/18	12:35	1pm – 1:45pm – 1 class	2:15
5/11	1:20	1:45pm – 2:30pm – 1 class	3pm
5/12	2:05	2:30pm – 3:15pm – 1 class	3:30pm

Please complete the attached form and return with payment as soon as possible. All forms and payments **must** be returned by Monday 1<sup>st</sup> August.

Luke Byrne  
**CO-ORDINATOR**



## Mont Albert Primary School

### PAYMENT SLIP

STUDENT NO. \_\_\_\_\_

Swimming Program: **\$85.00**

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](mailto:account@maps.vic.edu.au) or faxed to MAPS on 9899 3093.

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: \_\_\_\_\_

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## CONSENT & MEDICAL FORM

**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 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup> August** and agree to the delegation of authority to the Staff and/or Instructors involved.

I authorise the teachers in charge of the Diving 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)**

<b>MEDICAL CONDITION</b>	<b>FURTHER INFORMATION OR SPECIAL INSTRUCTIONS</b>
ALLERGY (Particularly to Bee or Wasp sting)	YES/NO _____ _____ _____
BREATHING (Particularly Asthma)	YES/NO _____ _____ _____
EAR DISORDER (Particularly drainage tubes)	YES/NO _____ _____
EPILEPSY (Whether mild or severe)	YES/NO _____ _____
FAINTING/DIZZY SPELLS (or other sudden loss of consciousness)	YES/NO _____ _____
PREVIOUS SWIMMING LESSONS / LEVEL / EXPERIENCE: _____ _____	