



Hurlstone Agricultural High School

Roy Watts Road
GLENFIELD NSW 2167
School email: hurlstone-h.school@det.nsw.edu.au

Fax: 9829 2026
Phone: 9829 9222

November 14, 2019

YEAR 7 LIFESAVING EXCURSION CONSENT FORM

Please complete and return this form to **PDHPE Staffroom** by **Friday 22nd November**.

Dear parent/guardian,

- All year 7 & selected year 10 students will be attending the Macquarie Fields Pool & Coledale Beach during week 8 (Mon 2nd Dec – Thur 5th Dec) to take part in Hurlstone's year 7 Lifesaving/Learn to swim week.
- This course will involve learning different facets of still water and surf lifesaving. This includes CPR, survival skills, stroke correction, rescue techniques and leadership skills. The material learned will be in accordance with the Royal Life Saving Society Swim & Survive award scheme. Year 10 students & staff will be instructing groups of year 7 students through specific levels of this RLSSA scheme. Your child will be expected to participate in water, land, theory and practical activities during this program. Theory lessons will take place at school on Monday 2nd Dec. Beach & pool instruction will take place from Tuesday 3rd to Thursday 5th Dec under supervision of Hurlstone staff, year 10 students trained in the RLSSA Bronze medallion course and professional lifeguards & surf instructors from Essential Surf School.
- Students are initially grouped according to self reported swimming ability. Students may be moved between groups according to their progress.
- Sports uniform should be worn on the Monday. Casual clothing may be worn on the other 3 days. Swimwear, towels, hat and sunscreen are essential. Pen and paper are to be brought on Monday.
- The cost of the excursion is \$ 75 to be paid at cash register by Friday 22nd Nov. This includes pool entry and pool hire, certification, bus transport to/from pool and beach and on-site professional beach instructors.
- The course will be run during school hours.
- Accompanying staff are Mr A.Wilson, Mr. S .Seblani, Mr. B. Wilson, Ms. M. Barry, Mrs L.Powell, Miss K.Crosbie, Mr M.Malak et.al.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).

Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above.
- It will be used by the NSW Department of Education and Training for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting the school on 9829 9222.

.....
Mr B.Wilson
Head Teacher PDHPE

.....
Mrs A.Young
Deputy Principal

✂ *Please detach here...*

Consent

I hereby consent to my childof roll class participating in the yr 7 lifesaving week during week 8 of this term.

Water or Swimming Activities

The excursion will involve the following water or swimming activities at lifesaving week – swimming at pool and beach. In relation to the proposed water or swimming activities, I advise that my child is a

strong / average / poor / non-swimmer *

I give / do not give* permission for my child to participate in the water/swimming activities.

** Delete words not applicable.*

I give permission for my child to receive medical treatment in case of emergency. **YES / NO** (please circle)

I understand that students will be absent from class for the whole day. I understand that physical activity may result in injury, however precautions will be taken to minimize the risk.

.....
Signature of Parent / Guardian

.....
Name of Parent / Guardian

.....
Date



Hurlstone Agricultural High School

Roy Watts Road Glenfield 2167

Ph: 9829 9222

Fax: 9829 2026

Medical information form

Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion to lifesaving on **2/12-5/12**.
- It will be used by the NSW Department of Education and Training for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting [98299222](tel:98299222)

Student name:

Class:

Parent or caregiver contact details

Name:

Address:

Home phone: Work: Mobile:

Doctor contact details

Name:

Address:

Doctor's telephone: 1. 2.

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: Phone:

2. Name: Phone:

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, recent injuries etc.). Outline the treatment for each.

1. Allergies: (medications, food etc): **YES / NO** (please circle)

details:

2. Recent Injuries: **YES / NO** (please circle)

details:

3. Illnesses: YES / NO (please circle)

details including medication:

4. Other medical conditions: YES / NO (please circle)

details:

Outline special dietary needs including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

In the event that your child should need medical attention, it would assist if you could supply the relevant health information

Medicare Number:.....

Health Care Number:.....

Signature:

Date:.....

*Please return this form by: **Friday 22nd Nov***