

University of Canberra High School Kaleen

Swimming Pool and Water Park Based Aquatic Activities Student Permission Form

5th February 2021

Dear Parents and Carers

The following details relate to an educational excursion to Stromlo Leisure Centre.

The teachers in charge of this event will be Travis Passier and Mary-Anne Kirk

IMPORTANT INFORMATION:

Event: School Swimming Carnival

Venue: Stromlo Leisure Centre

Date: Wednesday 17 February 2021

Time: 9.15 – 3.00pm

Transport: Q City Buses

Cost: \$10.00

Notes: **Notes and payment are due Friday 12th March.**

Food: Students are encouraged to bring their own. However, the canteen will be open for students to purchase food and drink if they wish to. The Leisure Centre's Canteen is a set menu offering the following 4 options, all priced at \$10:

* Sausage Roll and Chips

* Pie and Chips

* Chicken Nuggets and Chips

* Cheeseburger and Chips

Ice creams and drinks are also available to be purchased.

Clothing: Students are encouraged to wear their house colours. Please note that although this is an indoor venue, there will be activities outside, therefore students are encouraged to wear a hat.

Safety/Emergency procedures: If needed, the school can be contacted at **Stromlo Leisure Centre**. In an emergency the school has access to all pool facilities and the appropriate emergency services. It is important that staff are aware of your child's swimming ability prior to the event. Please ensure you carefully complete the attached permission note indicating your child's swimming ability.

Kind Regards

Daniel Mowbray

School Principal

University of Canberra High School Kaleen

University of Canberra Swimming Pool or Water Based Aquatic Event

Permission for Aquatic Activities

As a part of this assessment and to help ensure the safety of your child, please provide the following information:

1. **Name of Child:** _____

2. **School Year:** _____

3. **My child can swim:** Yes No

4. **Distance my child can confidently swim:** 10m

25m

50m

100m

5. **I agree to my child taking part in swimming/aquatic activities associated with this excursion.**

Name of Parent/Carer: *(please print)* _____

Signature: _____

Date: _____

University of Canberra High School Kaleen

University of Canberra Swimming Pool or Water Based Aquatic Event

Permission Note

Ledger Code:

I give permission for my child _____ in PC class _____ to attend the University of Canberra High School Kaleen's swimming pool or water park based aquatic event at Stromlo Leisure Centre on Wednesday 17 February 2021, travelling by Q City Buses. I enclose the nominated amount of \$10.00.

Code of Conduct and Parental Agreements

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to schools should the behaviour be extreme or overly persistent.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I agree to my child participating in the swimming/aquatic activities mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and /I agree to meet the associated costs. I have provided to the school all medical information relevant to my child's attending this event.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency. I agree to provide any relevant medical information to the school to the excursion.

Please note: If you are experiencing financial hardship regarding this excursion, please contact the Principal to discuss payment options. The Education Act 2004 states that your child will not be refused benefits or services if you do not choose to contribute. Individual records of contributions are confidential. **Due to changes in finance systems, the school is currently unable to accept any payments via eftpos or bank transfer. All payments need to be made in cash to the front office. We apologise for this temporary inconvenience.**

Name of Parent/Carer: (please print): _____

Signature: _____

Date: _____

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education and Training Directorate.