



## Excursion Information

### Water Safety Program PACT Sport

### Commencing: Monday, 23 October 2017

19 October 2017

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission Slip/Medical Information Form and return it to **Mr Chris Chapman** no later than Friday, 20 October 2017.

**Name of Organising Teacher:** Mr Chris Chapman

**Excursion Date:** Commencing: Monday, 23 October 2017

Yr 7 Boys Monday 23/10

Yr 8 Boys Tuesday 24/10

Yr 9 Boys Wednesday 25/10

Yr 7 Girls Monday 30/10

Yr 8 Girls Tuesday 31/10

Yr 9 Girls Wednesday 1/11

**Venue Names:** Riverstone Pool  
Cnr Market St & Garfield Rd, Riverstone

**Why students should attend:** St John Paul II Catholic College will be running a Water Safety Program for students in Years 7, 8 and 9 this term. The main focus of the program is water safety in different environments, in and out of water rescue techniques and survival skills. Students will be placed in groups based on their swimming ability.

**Departure point and time:** Schofields Campus, 12pm

**Return point and time:** Schofields Campus, 2pm

**Students will be transported by:** Bus

**Travel Details:** Travelling by bus

**Transport Cost:** No Cost

**Students are to wear:** Full College Sport Uniform

**Other requirements:** Students are to wear their sports uniform and bring a towel, swimmers, goggles (optional), bag for wet towel/swimmers.

**Emergency contact details:** If Parents/Caregivers need to contact their child urgently or should your child not be home when expected please contact the organising teacher on 0447 277 254 (Sport Coord) or the College on 9208 7200.

# PERMISSION / MEDICAL INFORMATION FORM

## Water Safety Program PACT Sport

Monday, 23 October 2017



(To be completed by Parent/Caregiver and returned to **Mr Chris Chapman** via the College office no later than Friday, 20 October 2017.

I give permission for my son/daughter \_\_\_\_\_ of Homeroom \_\_\_\_\_ to attend the above excursion at Riverstone Pool

Please tick necessary boxes

- ☐ I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.
- ☐ I understand that students must wear: Full College Sport Uniform.

In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

### MEDICAL INFORMATION

- ☐ In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

<b>Teachers Name:</b> Mr Chris Chapman	
<b>Student Name:</b>	<b>Homeroom:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Age at 2017 Birthday:</b>
<b>Home Telephone Number:</b>	
<b>Parents/Caregivers Work Telephone Number:</b>	<b>Parents/Caregivers Mobile Number:</b>
<b>Emergency Contact Phone Number:</b>	
<b>Family Doctor Name:</b>	
<b>Family Doctor Phone Number:</b>	
<b>List of any medications your child will be taking on the day:</b>	
<b>Medicare Number:</b>	<b>Private Health Fund:</b>
<b>Pre-existing illness/medical condition/injury/allergies:</b>	
<b>Please tick:</b> <b>My son/daughter:</b> <input type="checkbox"/> Can Swim 25 metres <input type="checkbox"/> Cannot Swim 25 metres <input type="checkbox"/> Cannot Swim at all	