



**Sutherland
Dianella**
Primary

Interm Swimming Lessons
27 March – 7 April 2017

MEDICAL INFORMATION AND CONSENT FOR EXCURSION

Please complete the following information *relating to your child's participation* in this excursion. Tick if relevant:

Allergies Medication required

Allergy to: _____

Medication name & dose:

Asthma Medication required

Medication name & dose:

Other condition Other medication required

Medication name & dose:

I CONFIRM THAT MY CHILD'S HEALTH INFORMATION HELD BY THE SCHOOL REMAINS CURRENT.
If not, please visit school administration to request an update form.

MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE EXCURSION.

**Permission Slip to Attend
Interm Swimming 2017**

I have read and understood the attached information regarding Interm Swimming Lessons between 27 March and 7 April 2017. Please find enclosed \$43.00 and my consent for my child _____ Room _____ to travel by bus to the excursion.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed..... Date.....
(Parent/Guardian)

Daytime Contact.....Mobile.....

METHODS OF PAYMENT

Payment can be made in one of the following ways:

- Cash/Cheque direct to the school office
- EFTPOS through the school office
- Direct deposit to the school bank account
- Deduct directly from prepaid balance

Bank Details:

Commonwealth Bank
BSB: 066 040
Account Number: 19903549
Sutherland Dianella Primary School

If using the direct deposit method please ensure that you include your child/children's name in the description field.