

# PERMISSION FORM

## St Patrick's School – Permission Form 2017

As a parent/guardian of .....(BLOCK LETTERS)

Year .....

I, .....(BLOCK LETTERS) give my permission for him/her to participate in the swimming program and travel on the bus under the care of St. Patrick's School Staff and agree to delegate my authority to the teachers and assistants involved in swimming.

Such persons may take whatever action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually in the above mentioned activity. I also authorise the teachers and their assistants to obtain medical assistance and ambulance transportation which they deem necessary should illness or an accident occur and I agree to pay all expenses incurred on behalf of the above student.

**SIGNED:**.....**DATE:**.....

Parent/Carer

**Please Note:** It is important that you advise the school of any changes to the medical information **that the school currently holds**, and new students - please ensure you have returned a medical information note, prior to the student attending swimming lessons. Our school's Administration of Medication to Students procedures also apply while we are on camps and excursions.

(Please circle the correct choices below)

I can/cannot help with the swimming program on the following days:

YEAR LEVEL	WEEK	DATES	TIME
<b>Year 4B Blue and 4H Gold</b>	Weeks 4 – 8 inclusive	Tuesday 14th, 21st, 28th February, 7th & 14th March	9.00am - 10.00am
<b>Year 5 and 4/5 White</b>	Weeks 4 – 8 inclusive	Friday 17th, Friday 24th February 3rd, 10th & 17th March	10.00 - 11.00am
<b>Year 6</b>	Weeks 4 – 8 inclusive	Thursday 16th, 23rd February, 2nd, 9th & 16th March	9.00 – 10.00am

Name: \_\_\_\_\_ Ph. No: \_\_\_\_\_