LYSTERFIELD PRIMARY SCHOOL
PERMISSION NOTICE

Foundation - Year 2 Swimming Program

DUE DATE: Monday 10 October 2016

I give permission for my child

__________________________________________________________________________

in grade _______ to participate in the 8 day Foundation – Year 2 Swimming Program to be held at the Paul Sadler Swimming Centre, Rowville as follows:

- Monday 14 November to Thursday 17 November 2016 inclusive
and
- Monday 21 November to Thursday 24 November 2016 inclusive

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of this activity is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

☐ Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.

☐ Administer such first aid as the teacher in charge may judge to be reasonably necessary.

(Parents of asthmatic children **should ensure** that they have all necessary medication with them).

Emergency Contact Person for this time:

……………………………………………………………………………………………………

Emergency contact phone no: ..............................................................................

Signature of Parent/Guardian: ...............................................................................

Date: …../…../2016