Dear Parents,

Your child is invited to represent Lysterfield Primary School at the Division Swimming. Please read the following details regarding the activity and sign and return the permission slip by the designated date.

Please note: Your child will only be able to participate if we receive a signed permission form by the due date. Phone permission is not acceptable.

**Division Swimming – Wednesday 02 March 2016**

The Dandenong Ranges/Knox Swimming will be held at Aqualink Nunawading, Fraser Place, Forest Hill. The students will be competing against other schools in our Division.

**Parents will need to arrange for transportation of their child to and from the event. Parents will be responsible for the supervision of their child during this event.**

<table>
<thead>
<tr>
<th>Classes involved:</th>
<th>Date of Activity:</th>
<th>02 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected students in grade 4, 5 and 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Arrangements:</td>
<td>Cost per child:</td>
<td>$5.00 to cover complex entry to be paid to the school with this permission form</td>
</tr>
<tr>
<td>Parent Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Event:</td>
<td>Please note that we are unable to send a staff member to this event.</td>
<td></td>
</tr>
<tr>
<td>10.00 am start (please see attached information for race details)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return Slip no later than:</td>
<td>Tuesday 01 March 2016</td>
<td></td>
</tr>
</tbody>
</table>

Signed:………………………………………… Signed:…………………………………………

(Teacher in Charge) (Assistant Principal)
Please complete the relevant box below.

I give permission for my child ______________________________ in grade _________ to participate in the Division Swimming Trials on Wednesday 02 March 2016. I understand that I will be responsible for the transportation and supervision of my child at this event.

Please complete the relevant box below.

I am unable to transport my child ______________________________ in grade _________ to this event but I give permission for ______________________________ to transport and supervise my child on Wednesday 02 March 2016 at the Division Swimming Trials.

Parent’s/Guardian’s Signature: ........................................................ Date: ......................

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion 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 phone number on the day: .................................................. Name: .................

Parent’s/Guardian’s Signature: .................................................................................... Date: ......................

Cost of Excursion: $5.00 □ I enclose $5.00 □ I wish to have my CSEF funds allocated to this activity

Reminder: Sporting activities are not included in the excursion levy