

# Lakeland Senior High School

Email: lakeland\_shs@education.wa.edu.au Web: http://www.lakelandshs.wa.edu.au  
106 South Lake Drive, South Lake WA 6164  
Tel: (08) 9412 3100  
ABN: 23 386 403 754



Dear Parent / Guardian

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## Surfing lessons PERMISSION SLIP

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Date: **24/07/2018 11/09/2018**  
Students to meet at: **Outside gym**  
Departing School: **11:30**  
Returning to school: **13:30**

Cost: **None (To be paid at the Front Office)**  
**Full payment and completed forms must be made by .**

Venue: **Leighton Beach**

Transport Arrangements: **School Bus Driven by David Turnbull**

Supervising Teachers: **David Turnbull 0409 330 399**

Students attending this event are to wear **School uniform**

**Students must have good attendance to be eligible to attend excursions. Every effort must be made to ensure all absences from school are explained. Students on Conditional Standing WILL NOT be eligible to attend.**

**NOTE, in addition, the following points should be noted:-**

1. Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.
2. Parents / guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.
3. Parents are required to inform the organisers well before the scheduled excursion departure / activity of any changes to their child's health and fitness so that appropriate supervision may be arranged where it is considered necessary.
4. Department Insurance does not cover personal accidents through misadventure nor loss or damage of personal belonging.
5. Students who display unacceptable behaviour during the excursion will be returned to the school at the expense of the parents.

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**PAYMENT AND PERMISSION SLIPS HANDED IN BEFORE**  
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## Surfing lessons PERMISSION SLIP

Cost: **None**

### Excursion / Event Permission

I / We give permission for \_\_\_\_\_ of Year \_\_\_\_\_ to attend  
(Student Name Printed)

Leighton Beach on 24/07/2018.

It is understood that students must wear **School uniform**

### Photo / Video Consent

Photographs &/or video footage may be taken whilst students are on this excursion / educational activity.

By signing the below permission, you hereby give permission for photographs &/or video footage to be used by both Lakeland SHS for promotional &/or marketing purposes.

### Travel Consent

I give permission for my child to be driven to the event by bus/or private vehicle as described above.

Should the need arise, I hereby give permission for my child to travel in the private vehicle of a Department of Education employee.

I, (Please Print Name) \_\_\_\_\_,

- give permission for my child (as noted above) to attend, Surfing lessons
- I also permit for any photo &/or video taken of my child may be used by Lakeland Senior High School for the purpose of marketing and promotions.
- Travel consent is given for transportation as per the parent information provided. I also agree that my child can be transported in a private vehicle operated by a Dept of Education Employee should the need arise.

Signed: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_  
(Must be able to be contacted on the day of the excursion)

# Lakeland Senior High School PERSONAL MEDICAL INFORMATION FORM



<b>Student Name:</b>		
<b>Student Contact Number:</b>		
<b>Date of Birth:</b>		
<b>Address:</b>		
<b>Parents Names:</b>	Parent/caregiver 1:	Parent/caregiver 2:
<b>Parent Contact Numbers: (mobile, home and work)</b>	Home:	Home:
	Mobile:	Mobile:
	Work:	Work:

## HEALTH and MEDICAL INFORMATION

In the event of serious medical emergency an ambulance will be called. As indicated on our enrolment forms, parents are expected to meet the cost of an ambulance in an emergency.

Please indicate if the student has ambulance cover:    Yes     No

<b>Family Doctor Details: (Name, phone number)</b>	
<b>Medicare Number:</b>	

## HEALTH CONDITIONS

Is your child subject to fainting, epilepsy, diabetes, bleeding conditions or any other condition that may affect his/her safety whilst in the care of our staff? Yes     No

If so please provide details:

<b>ANAPHYLAXIS</b>	<b>Does your child require an Epi-pen to manage anaphylaxis?</b> Yes ** <input type="checkbox"/> No <input type="checkbox"/> ** If YES, Please ensure your child has his/her Epi-Pen whilst on excursion/camp. <b>Please list the trigger/allergen:</b>		
<b>ALLERGIES Is your child allergic to:-</b>	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Any Other Drug	<input type="checkbox"/> Any Food/s <input type="checkbox"/> Other
<b>Does your child require medication if exposed to any of the above?</b>	Yes* <input type="checkbox"/> No <input type="checkbox"/> * If YES, Please ensure your child has this medication with him/her whilst on this school activity.		
<b>ASTHMA – Does your child have Asthma?</b>	Yes* <input type="checkbox"/> No <input type="checkbox"/> * If YES, Please ensure your child has his/her inhaler and spacer whilst on this school activity.		

## GENERAL HEALTH INFORMATION

<b>Date of last tetanus injection</b>	____ / ____ / ____
<b>Does your child have any ongoing injuries or conditions that may affect their participation in activities?</b>	Yes* <input type="checkbox"/> No <input type="checkbox"/> <small>* Please describe</small>
<b>Is there any other medical, health or personal information staff should be aware of?</b>	Yes* <input type="checkbox"/> No <input type="checkbox"/> <small>* Please describe</small>

## MEDICATION

<b>Is your child presently taking tablets or any other forms of medication</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes please state the name of the medication, dosage and frequency of use</b>	Name of medication: ..... Dosage: ..... Route: ..... Frequency: ..... Expiry Date: ..... Storage: .....
<b>Can your child self-administer the medication?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### PERSON TO CONTACT IN CASE OF AN EMERGENCY, INJURY or ILLNESS: (Other than next of kin)

<b>Name:</b>			
<b>Address:</b>			
<b>Contact Numbers:</b>		<b>Relationship to Student</b>	

### **Please only complete the swimming information if this excursion has any water based activities**

Parents need to be aware that this excursion will include open and closed water. Please indicate your child's swimming ability

1. Beginner		7. Intermediate		My child has achieved stage number: _____  Refer to Education Dept Swimming and water Safety Continuum  Date achieved: _____
2. Water Discovery		8. Water Wise		
3. Preliminary		9. Senior		
4. Water Awareness		10. Junior Swim and Survive		
5. Water Sense		11. Swim and Survive		
6. Junior		12. Senior Swim and Survive		
I am unsure please assess my child:		Please provide relevant information regarding your child's skills and abilities in the context of the expected conditions stated above. Eg. Fear of open water, not a strong swimmer in open water		

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an incident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_