Monday 24th February 2014

AQUATICS DAY

As part of our sporting program, students in Years 1 to 5 take part in swimming lessons during second semester. Students in Year 6 will participate in an outdoor skills aquatics course. This course will be conducted by instructors from the West Lakes Aquatic Centre and will be held at West Lakes. Students will be travelling to the centre by bus. It should be a great day!

Please find below relevant information regarding this event.

When: Monday 17th March 2014 (Week 8)

Where: West Lakes Aquatic Centre, Military Road, West Lakes
       (Website: http://www.wlakesaqua.sa.edu.au)

Time:  8:30am - 5:00pm
Wear:  Correct sports uniform, including hat

Bring:  Shirt or Rashie
       Bathers
       Jumper/Long sleeve top
       Sunscreen
       Towel
       Shoes (old sneakers, sandals or crocs)
       Lunch and recess
       A full drink bottle
       Medication in a waterproof container

Please note the early departure time and late return - in order to reach West Lakes at the beginning of the session the bus will be leaving school at 8.30am.

We will arrive back at school between 4.45 and 5.15pm. Parents are required to collect students from school, where they will be supervised until the last student is collected.

Attached are two student consent forms (one for St Michael’s, one for the aquatics centre), both of which need to be completed and returned by Friday, 7th March (End of Week 6).

Students must bring all required medications (as listed on their medical form).
If you have indicated your child has asthma, he/she must bring a puffer.

If you have any queries please contact Rachel Burden at St Michael’s.

Looking forward to a fantastic day!

Rachel Burden & Daniel Eckermann
ST. MICHAEL'S LUTHERAN SCHOOL

CONSENT FORM

Excursion for Years 6
West Lakes Aquatic Centre
Monday, 17th March 2014

** This form must be completed and signed prior to commencement of Excursion.

NAME OF CHILD: ____________________________

ADDRESS: __________________________________

PHONE NUMBER: (in case of emergency) ____________________________

When not at above, alternative name and address to be contacted ____________________________

As parent/guardian of this student, I give my consent for ____________________________ to participate in the excursion to the West Lakes Aquatic Centre on Monday, 17th March.

I agree to the delegation of authority to the teachers/adult supervisors for any disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activities.

I also authorise the teachers/adult supervisors to obtain medical assistance which they deem necessary should an accident occur. I submit the attached medical information and include details of limitations which he/she has for the activities concerned.

Signed: ____________________________ Date: ____________________________
(Parent/Guardian)

MEDICAL INFORMATION (Please state all conditions)

Any relevant health problems (asthma, epilepsy, allergies, heart problems, respiratory problems)

I give permission for my child to have anaesthetic and/or a blood transfusion if necessary. YES/NO

Additional Information: ____________________________

*N.B. Any medicines required by your child should be clearly labelled with instructions and given to the teacher in charge at the beginning of the excursion.

Signed ____________________________ Date ____________________________
(Parent/Guardian)