





# JFHS EXCURSION PERMISSION NOTE

(Water)

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I do/do not give consent for my son/daughter/ward \_\_\_\_\_ to participate in Thursday afternoon sport during Term 1, 2024 to be held at:

- a) JFHS during Weeks 2-4
- b) North Albury Swim Centre during Weeks 5-9
- c) Year 10 Peer Support Session @ Venue TBC Week 10
- d) JFHS Cross Country Carnival @ AWEC Week 11

In relation to the proposed structured aquatic activities, **PLEASE TICK** the appropriate response:

- My child is **not permitted** to go in the water and will complete land based aquatic rescue skills
- My child **is permitted** to go in the water and is (please tick):
  - A non-swimmer** - my child is unable to swim and will bring their own floatation device to assist him/her
  - A weak swimmer** - my child is comfortable & confident in shallow water but cannot swim very well
  - An average swimmer** - my child can swim 25m but is not very strong or confident in deep water
  - A strong swimmer** - my child is a strong swimmer (can swim 50m) & is very confident in deep water
- I am not aware of any medical conditions (asthma, epilepsy, allergies, other) which may preclude him/her from this activity.
- My child suffers from \_\_\_\_\_ and needs to be managed for this condition (Please attach full details)
- I understand my child will receive medical treatment in the case of an emergency.
- I will ensure the sport cost of \$6.00 (Weeks 5-9) will be paid each Thursday when boarding the bus and entering the pool.

Emergency contact number/s on the day of the excursion \_\_\_\_\_

Name Parent/Caregiver: \_\_\_\_\_ Signature Parent/Caregiver: \_\_\_\_\_

Medicare Number:

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Number of child on card:

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