

30th January 2019

Marine Science/Aquatic Practices Snorkelling 2019

Dear Parent/Guardian,

As a part of Marine Science (MRN) or Aquatic Practices (AQP) for Year 11 Term 1, 2, 3 & 4 students will be required to participate in Snorkelling. Students will be travelling to the Southport pool or the Gold Coast Seaway, during their scheduled triple lesson. All costs associated with snorkelling activities are included in the Year 11 Marine Science/Aquatic Practices contribution.

Days, Times, Class, and Teacher:

Mondays AQP11C 1:05-3:20pm Mr Presto	Tuesdays AQP11A 10:05-11:45 Mr Presto MRN11B 11:15-1335 Mr Presto	Wednesday Instead of Tuesdays or Friday seaway dive Line 3	Fridays AQP11B 10:05 1145- Mr Parten MRN11A 11:15-13:35 Mr Parten
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Transport: All students to meet at School Marine shed, with equipment.. Bus will be driven by qualified drivers and rented from LTD, or school bus

Dress: Sport uniform to be worn at school, change at venue into Towels Wet shirt, togs or board shorts, sunscreen, reef shoes or old sand shoes
 Snorkelling equipment will be provided

Enquiries: Mr Presto, Mr Parten,

Yours faithfully,

AJ. Presto
 Marine Studies Coordinator

M. Rickard
 Executive Principal

PERMISSION AND MEDICAL FORM
(Please return this form to (TEACHER) ASAP)

I give permission for my student Care to attend snorkelling practical lessons. This will be during first term, refer to the Marine Practical calendar. Students will taking a bus to and from the venues. (Southport pool or Seaway) I acknowledge that the Department of Education, Training and Employment does not have Personal Accident Insurance cover for students. I have listed any medical condition/s, medication or special dietary requirements the school needs to be made aware of for this excursion.

Parent/Guardian signature / /
 Photos may be taken at this event to be published in the school newsletter. Please indicate below if your consent is NOT given for this.

..... / /
MEDICAL FORM

NAME OF STUDENT CARE..... AGE.....
 HOME ADDRESS..... POSTCODE.....
 EMERGENCY TELEPHONE

(H).....(W).....

MOBILE MOBILE

Is medication required during the time teachers will assume responsibility of your student? YES / NO

(If YES please complete the table below):

Medical problem:

.....

Medication:..... Dosage:.....

When to be taken:.....

AGREEMENT BY PARENT OR GUARDIAN

I agree to delegate my authority to the teachers in charge of the excursion and should the need arise:

- a) I authorise the Officer-in-Charge on the day to obtain medical attention for my student/s at his/her discretion in the event of illness or injury.
- b) I agree to pay the fees for such pharmaceutical supplies which may occur as a result of medical advice.
- c) I further authorise qualified practitioners to administer anaesthetic or blood transfusions if the necessity arises.
- d) I am aware of the type of activities that my child shall be participating in.
- e) I certify that to the best of my knowledge my student/s has not been in contact with any infectious disease for the past four weeks and that they are not suffering from scabies, impetigo or other ailments likely to be detrimental to other members of the camp.

*The information given here is not intended to stop students participating.
 Awareness is important for the well-being of the student.*

Respiratory problems	YES / NO	Sugar Diabetes	YES / NO
Asthma	YES / NO	Blood Pressure	YES / NO
Recent operations	YES / NO	Epilepsy	YES / NO
Allergies:	YES / NO	Travel Sickness	YES / NO
Food	YES / NO	Recent illness	YES / NO
Drugs	YES / NO	Seasickness	YES / NO
Ointments	YES / NO	Heart problems	YES / NO
Other	YES / NO	Phobias	YES / NO
Drugs required	YES / NO	Injections	
Drug reaction	YES / NO	(e.g. Tetanus)	YES / NO

If Yes, please list.....

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Is there anything the supervising teachers should know that may help them in case of emergency?

YES / NO.....

To the best of my knowledge the above information is correct

.....
 Parent/Guardian Name

.....
 Parent/Guardian signature

.....
 Date