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SWIMMING CONSENT FORM

As a Parent/Guardian of.....

Igive my permission for my child to participate in the **Annual Swimming Fun Day Carnival, week 7, Friday the 15th March 2024**, at the Alice Springs Aquatic Centre. Students will be travelling by a chartered bus, to and from the pool.

The teachers and instructors at the pool will exercise due care with regard to the safety of the students. Heath, POE Teacher, will be with all classes and have a first aid kit with him at the pool, and he has a Bronze Medallion for open water, AUSWIM Instructor and First Responder first aid qualifications.

Please ensure you child brings :

- **a lunch that does not require refrigeration this day**
- **sun smart shirt**
- **swimmers**
- **goggles**
- **hat**
- **towel**
- **swimming bag**
- **water bottle**
- **personal medication (to be given to the class teacher)**
- **shoes happy to get wet**

Students will participate in the following activity:

SWIMMING - under teacher's instruction/supervision

NAME.....

SIGNATURE

DATE.....