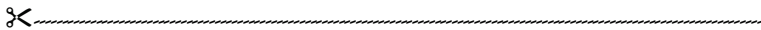




AUCKLAND GRAMMAR SCHOOL

Official Out-Of-School Trip

Group involved:	Traveling to / Attending:	Number of Students Attending:	
Date From:	Date To:	Departure time:	Expected Time to return:
Departure Location:		Return location:	
Nature of the trip:			
Special Equipment or dress required:			
Master in charge of the trip:		Other masters attending:	
Staff contact number:		Out of town contact address:	



PERMISSION SLIP TO RETURN TO MASTER IN CHARGE:

I give permission for my son to participate in the above event/activity.

- I authorise the staff to obtain medical assistance for my son if in their opinion such attention is necessary.
- My son is under the School's jurisdiction for the duration of the trip/event. If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others he will be sent home at my expense.
- I authorise that my son's health and emergency contact details may be passed on to external providers for the purpose of this trip if necessary.

Surname of student	Initial	Form class	Name of group involved	Travelling to

Please detail any health problems / concerns (continue overleaf if necessary)	If your son is currently taking or is required to carry any medication please detail below.

Is there any other information staff should know to ensure the physical & emotional safety of your son? (eg: cultural practices, dietary needs, disability, anxiety, behaviour or emotional problems)

Name of Parent/Guardian	Emergency contact number	Signature	Date:



AUCKLAND GRAMMAR SCHOOL

Swimming Consent Form

Activity:

I, as Parent/Guardian of _____ (print name) understand that swimming makes up part of this activity programme.

I can confirm the following information:

Please tick the relevant box

Swimming ability	Yes	No	Don't know
Is your son able to swim 50 metres?			
Is your son water confident in a pool?			
Is your son confident in deep water?			
Is your son able to float / tread water?			
Is your son confident in the sea or open water?			
Is your son safety conscious in and around water?			

I give permission for my son to participate in:

- Swimming in Public and Supervised pools Yes No

- Swimming in the sea and/or rivers and/or lakes and under supervision by Auckland Grammar School staff. Yes No

Signed: _____

Date: _____