



## TUMUT HIGH SCHOOL

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18<sup>th</sup> February 2019

Dear Parent/Caregiver

As part of the **2019 Year 9 Alternative Learning Program (ALP)** students have the opportunity to experience canoeing at The Pines, Blowering Dam.

Students will attend in their ALP Groups on different days. Your child is in **Group 5** and will be attending this activity on **Wednesday, 27<sup>th</sup> November 2019**. Mr Ryan and Mr Brown will be the supervising teachers. They will be assisted by Mr Fisher (Chaplain) and an SLSO, if required.

Transport will be provided by Goode's mini-coach departing at **9.00am** and returning at **12.10pm**.

Students are to wear comfortable casual clothing (including swimming costume) and must bring a towel, hat and sunscreen. Students will need to bring a packed morning tea and plenty of fluids; they will return to school in time for lunch.

Please note that the wearing of a personal flotation device (life jacket) is mandatory for this activity. These devices are being provided by the local canoe club.

The cost of this excursion is **\$15.00** which covers the cost of canoe hire and transport.

It is expected that all students will participate in this activity. If you will have difficulty in making this payment, please contact the principal immediately.

A risk assessment has been prepared for this excursion and the risk has been assessed as "medium". A copy of the risk assessment can be obtained from the school office if required.

Please sign and return the permission note below, with your payment of **\$15.00**, to the front office by recess on **Thursday, 14<sup>th</sup> November 2019** so that transport arrangements can be confirmed.

Yours faithfully

Mr B Ryan  
Teacher

per  
Mr D Dixon  
Principal

**Permission note to be returned by recess on Thursday, 14<sup>th</sup> November 2019**

**9 ALP Canoeing – Group 5**

Wednesday, 27<sup>th</sup> November 2019

(412529) \$15.00

I give permission for ..... In **ALP Group 5** to travel to Blowering Dam on **Wednesday, 27th November 2019** to participate in the canoeing activity.

I understand transport is by mini-bus provided by Goode's Coaches and that the supervising teachers will be Mr Ryan and Mr Brown.

I also understand that my child will be required to wear a personal flotation device during this activity.

Medical Condition: \_\_\_\_\_

Medication/Action Required \_\_\_\_\_

Will your child have this medication with them? **Yes/No**

I **give/do not give** permission for my child to receive medical treatment in case of emergency.

My child is **permitted/ not permitted** to enter the water.

My child is

- a non-swimmer - my child is unable to swim
- a weak swimmer - my child is comfortable and confident in shallow water but doesn't swim well
- an average swimmer - my child is a reasonable swimmer but is not confident in deep water
- a strong swimmer - my child is very confident in deep water and swims well.

Also indicate whether your child can:

- swim at least 50 metres without stopping
- swim at least 100 metres without stopping

Parent/Caregiver Name:..... Parent/Caregiver Signature:.....

Contact Phone Numbers:..... Date:.....