



# Student Permission form

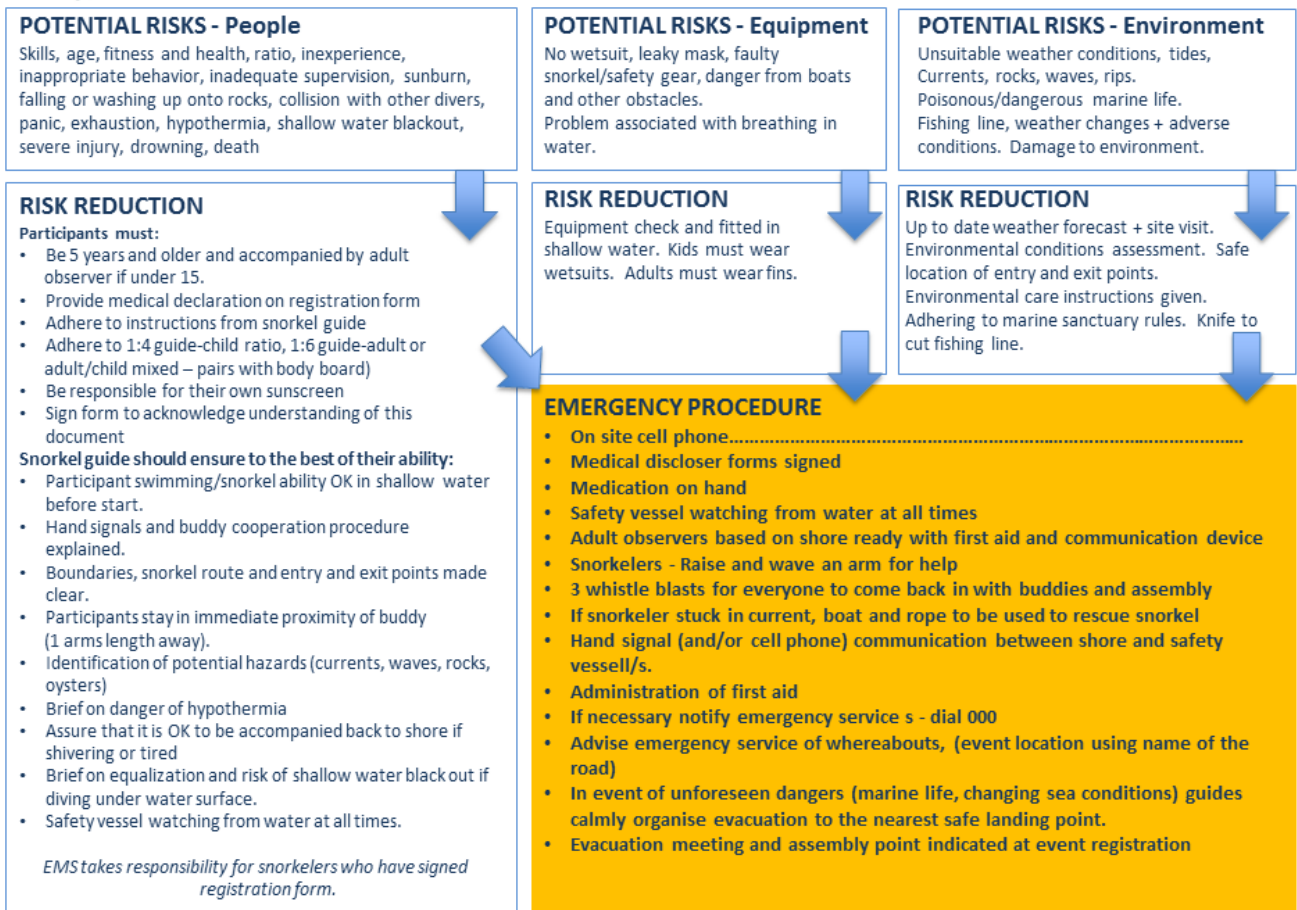
Dear parents, caregivers and guardians

Experiencing Marine Sanctuaries (EMS) program specialises in marine education. EMS empowers schools and communities by providing hands-on experiences in the ocean. Our school will be taking part in an EMS snorkel experience.

Your snorkel experience will be lead in-water by an EMS coordinator/snorkel instructor. To satisfy EMS's ratio requirements we must provide adequate adult 'supervisors' with appropriate skills to buddy up and supervise the students in water. The role of 'supervisors' is to assist and supervise the student's in-water and are expected to be confident swimmers, fit and healthy and free from the influence of drugs or alcohol.



## COMMUNITY GUIDED SNORKEL DAY – RISK MANAGEMENT – Please Read



**Details of event:**

School or group:

Location:

Start date  Time  Finish date  Time

Your child will need the following items:

- A big packed lunch and plenty to drink.
- Sun hat & Sunscreen
- Bathers and towel (wetsuits and snorkelling gear are supplied, but need to wear their own bathers underneath)
- A good pair of shoes for walking on rocks
- Warm jumper for on beach and after their swim
- Pen, pencil, ruler and rubber (for on shore activities if applicable)

**Acknowledgment of risk**

I hereby acknowledge the risks associated with snorkelling. I understand that the school and EMS program will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. Site specific RAMS for the snorkel site will be provided.

I understand that my child has also been involved in the development of safety procedures. I will do my best to ensure that my child and I follow these procedures.

I give permission for (students name) .....to attend this trip and participate in the snorkelling activity.

**Signed (parent/guardian)..... Date**

**Swimming ability**

Is your child able to swim 50 meters? Yes  No  Unsure

Is your child water confident in a pool? Yes  No  Unsure

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Is your child confident in deep water? Yes  No  Unsure

Is your child able to tread water? Yes  No  Unsure

Is your child able to survival float? Yes  No  Unsure

Is your child confident in the sea or in open inland water? Yes  No  Unsure

Is your child safety-conscious in and around water? Yes  No  Unsure

**Emergency Contact 1:**

Name:..... Ph:.....

**Emergency Contact 2:**

Name:..... Ph:.....

**Medical Information:**

I confirm that my child is in good health and I consider him/her fit to participate Yes / No

I consent to any emergency treatment required by my child during the program Yes / No

Please note any medication your child is on:

.....

1. Please tick if your child has any of the following:

Epilepsy  Asthma

Diabetes  Seizures of any type

Allergies  Heart condition

Other (please specify)

**Supervision on the day:**

Are you able to snorkel with the students in a supervision role on the day?

Yes                  No                  NA (not coming on the trip)

*Information for supervisors can be found on our website*

[www.experiencingmarinesanctuaries.org.au](http://www.experiencingmarinesanctuaries.org.au)

Do you yourself have any illnesses or take any medication that could impact your ability or safety to snorkel?

Yes                  No                  NA (not coming on the trip)

We need as much parent help on this trip as possible so please tick one of the boxes below if you can come along on the day:

1) Yes I can come and will be providing transport.

2) Yes I can come but cannot provide transport.

For the parents that are coming out, a map is attached to show how to get there. But please be at school at ..... for a quick briefing time.

- There are wetsuits and snorkelling gear supplied for parents but we encourage you to bring your own.
- ✓ If you are not snorkelling then you will be looking after a group of children doing onshore activities so you will also need a good pair of shoes for walking on beach and rocks.
- If you have a digital camera bring it along. We would love to get as many photos for our projects after we come back (you do this at your risk).

**Permission to use images / work / footage**

The EMS program & sponsors request your permission to use work, images and/or video footage of your children produced as a result of participation in the EMS program for educational purposes and the promotion of the EMS program, including media releases, internet/website and resources.

I give permission for **work, footage and/or images** of my child, \_\_\_\_\_  
to be used for educational and promotional purposes.

Print name of student

Print name of parent/caregiver

Signed

Adult participant or parent / caregiver of child participant

Date