Athletics Carnival 2012

Dear Parent / Caregiver,

It is planned that students in Years 2-6 will participate in an excursion / activity to Hunter Sports Centre Glendale on Tuesday 27 March 2012.

Transport will be by bus. Departing: from school at 9.00am and returning to school at 2.50pm.

OR

Parents attending the carnival may transport their children. However:

a) Indicate this on the attached permission note.
b) Transport must be provided both to and from the carnival.
c) Children must be at ground at 9.15am and join their House Group quickly to have names checked on the roll. The program of events will start at 9.30am.
d) Advise your teacher if you intend to depart early.
e) If parents wish for another parent to transport their children please fill in the section below or send a written note to request this, the note must be given to the class teacher at least one day prior to the carnival.

The purpose of this activity for the students is to provide all students, Years 2-6 an opportunity to participate and compete in the school Athletics carnival.

The cost of this excursion will be $2.70 Entry to Sports Centre plus $6.30 bus fare. (Total $9.00)

List any medical conditions that may impact on your child’s participation in this activity, on the reverse side of the permission note attached.

Permission notes and money need to be returned to the class teacher office by 16 March 2012. In order for your child to participate in this activity the signed permission note needs to be returned to the authorising teacher by the due date or NO later than 9am the day before the activity. (New, Department Excursion Policy Guidelines).

Supervisors will be all Yrs 2-6 Eleebana PS class teachers.

Parent helpers will be required for supervision, time keeping, place getting, long jump pit & shot put. This will greatly assist with the smooth running of our carnival.

All helpers will have to have signed the Prohibited Employment Declaration required under the Child Protection (Prohibited Employment) Act 1998.

Requirements: School sports uniform, hat, sunscreen, recess, lunch wet weather gear, and sweatband in house colours for around the head, warm clothing in case of cool weather.

Additional Information: Glendale canteen will be available.

Houses: Bunda-Red, Purra – Blue, Koonda – Yellow, Willai - Green

Mr Nathan May     Ian Graham
Coordinating Teacher     Principal

/ /2012

Credit Card Payment

Attach to permission note if you wish to pay be “signature authorised” credit card
(Debit cards and pin number credit cards can only be used in person at the counter)

Card Holders name: ____________________________________________
(Please print, Block Letters)  Visa  Mastercard
Card number _________________________________  Expiry date __________
(Please print, Block Letters)
I wish to pay $_______ for the activity ____________________________
Signature of Cardholder __________________________________________
Eleebana Public School
Permission note for Athletics Carnival 2012
Return Note and Money by 16/3/2012. Each child needs a separate note.

I/we give my permission for our son / daughter __________________________ in class __________________________ to participate in the excursion activity to Hunter Sports Centre, Glendale, on Tuesday 27 March 2012.

I understand transport will be by: (please indicate your choice with an X)

Bus. Departing Eleebana PS and returning to school at the times specified above, OR

I will be transporting my child, both to and from the carnival

I give permission for Mr /Mrs __________________________ to transport my child both to and from the carnival

Medical considerations for my/our child, relating to this excursion /activity are listed on the back of this form.

I give permission for teacher in charge to seek medical treatment for my child if required.

Medicare No. __________________________ Contact phone number for daytime __________________________

I enclose $ __________________________ as payment for this excursion/activity (If you wish to pay by credit card with other items on your statement of account please complete the form at the bottom of the parent advice form and attach to this page.) Dissection 0 ______ - ______

Permission notes and money need to be returned to the office, together by 16/3/2011. In order for your child to participate in this activity the signed permission note needs to be returned by the due date or NO later than 9am the day before the activity. (New Department Excursion Policy Guidelines).

________________________ / _______ __012
Parent / Guardian signature Date

OR ☐ My/our child __________________________ of class _______ will not be participating in this excursion / school activity/ sports activity. They will be ☐ / Will not ☐ be at school site.

If not participating always return slip to office first so that any billing invoice can be cancelled from your account. Slip will then be forwarded to teacher.

Medical Disclaimer Parents please note there is no personal injury cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, zone, area and state school sports associations when deciding whether additional cover, above that provided by Medicare is required.
The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty of the use of some prescribed part of the body.

Privacy advice The information provided on this date by the parent/guardian is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child, who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Eleebana Public School.
It will be used by officers of the NSW Department of Education and Training to assist planning. To support students and to minimize risks when conducting school excursions, sporting or other school activities.
Other persons or agencies that may be provided with this include, but are not limited to volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.
Provision of this information is not covered by law. However a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.
Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.
You may correct any personal information provided at any time by contacting the school office.

VOLUNTEERS Athletics Carnival (Office / Teachers Pass this section onto Mr May)

Parents (s) name (Please print) __________________________

I / we can assist with (tick one or more)

☐ Timekeeping ☐ Place getters
☐ Long Jump pit ☐ Shot Put
Eleebana Public School
Excursion Only Medical Information form

Please notify office separately to have new details updated on school computer database.

Student Name ___________________________________________ Class __________

Medicare Number (Optional) ________________________________

Parent Care giver contact details

Name _____________________________________________________
Address ___________________________________________________

Eleebana
Home Phone __________________ Work __________________ Mobile ________________

Doctor contact details

Name _____________________________________________________
Address ___________________________________________________

Doctors phone numbers 1 __________________ 2 __________________

Emergency Contact details (alternative contact to parents)

1 Name __________________________________________ Phone __________________

2 Name __________________________________________ Phone __________________

Medical Conditions List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc) outline the treatment for each.
________________________________________________________
________________________________________________________

Dietary Needs Outline special dietary needs including possible reaction to inappropriate diet.
________________________________________________________

Medication(s) List any prescribed medication to be administered during the excursion. Include name of medication, instructions for administration, time of administration and any possible reactions
________________________________________________________

Parent / Guardian signature ___________________________ Date _______ / ____ / ___

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