

---

## Senior Athletics Carnival 2017

16 May 2017

Dear Parents/Carers,

The following details relate to an excursion to Amaroo oval for the Senior Athletics Carnival. Students from Year 3 to Year 6 and Year 2 students who are turning 8 this year, are required to attend. Students will have the opportunity to represent the school in district carnivals based on qualifying times.

**Details of the excursion are as follows:**

<b>Date:</b>	Wednesday 7 June 2017 (week 7, term 2).
<b>Time:</b>	9:05am-2:45pm.
<b>Destination:</b>	Amaroo Athletics Oval.
<b>Cost:</b>	Nil.
<b>Travel:</b>	Walking to and from Amaroo oval.
<b>Clothing:</b>	Hat, sunscreen, warm jacket, suitable shoes and clothing for athletic events.
<b>Lunch arrangements:</b>	Students will need to bring a packed recess, lunch and water bottle. There will be NO canteen.
<b>Equipment:</b>	A school bag to carry recess, lunch and drink bottle.
<b>Teachers:</b>	Teachers from years 2-6, support teachers and staff.

**IN CASE OF INCLEMENT WEATHER, THE ATHLETICS CARNIVAL WILL BE RESCHEDULED. THIS PERMISSION NOTE WILL BE USED FOR THE ALTERNATE DATE.**

**NOTE NEEDS TO BE RETURNED BY: Friday 26 May 2017 (week 5, term 2)**

The staff will be carrying a mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. The staff will also carry a First Aid Kit.

Unacceptable behaviour will be treated as it is normally treated at school, (thinking time at a designated place or exclusion from an activity). Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

**PERMISSION SLIP – SENIOR ATHLETICS  
EXCURSION TO AMAROO OVAL Wednesday 07/06/2016**

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Free ambulance transportation only applies in the ACT
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.

I hereby give permission for my child \_\_\_\_\_ of Class \_\_\_\_\_ to attend and participate in the Senior Athletics Carnival to be held on Wednesday 7 June 2017. By signing this form I also give my child permission to walk to and from Amaroo oval leaving Ngunnawal Primary School at 9:05am and returning by 2:45pm. ***I understand I am also giving permission for the alternate date.***

Please tick if your child suffers any of the following:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds            |
| <input type="checkbox"/> Asthma *      | <input type="checkbox"/> Blood pressure      | <input type="checkbox"/> Hay fever         | <input type="checkbox"/> Reaction to drugs      |
| <input type="checkbox"/> Diabetes *    | <input type="checkbox"/> Eczema              | <input type="checkbox"/> Headaches         | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy *    | <input type="checkbox"/> Fainting            | <input type="checkbox"/> Heart condition   | <input type="checkbox"/> Sunscreen sensitivity  |
| <input type="checkbox"/> Other _____   |  |  |   |

\* *Emergency treatment plan is required from your doctor.*

Have you previously completed the full version of the **Excursion Medical Information and Consent Form** for your child during this calendar year? \_\_\_\_\_

*If your child's medical information has changed please update this with the front office prior to the excursion.*

**In case of an emergency during the excursion:**

Contact name: \_\_\_\_\_

Daytime contact phone number: \_\_\_\_\_

Full name of parent/ carer (please print): \_\_\_\_\_

Signature of parent/ carer: \_\_\_\_\_ DATE: \_\_\_\_\_