



**PARENT INFORMATION FORM
FOR SCHOOL EXCURSION –
CROSS COUNTRY CARNIVAL**

Dear Parent/Guardian

I am pleased to provide you with the following details regarding the Interschool Cross Country Carnival on Wednesday 2 August 2017.

This excursion has been planned to provide an opportunity for selected students to participate in cross country running with students from other local primary schools. Students will be able to put into practice the fitness skills they have been developing in Physical Education and Senior Sport sessions.

Venue: Singleton Primary School

There will be a cost of \$4.50 for this excursion. This is for the bus travel to and from the venue.

The bus will depart at 8.45am. Students will return to school by approximately 12:30pm.

Travel will be by bus (Boondy's Bus Service).

Number of students attending the excursion: 48

Members of the supervisory team are: Stephen Green, Adam O Connor and Michelle Sleiman. Parent help would be appreciated with the team. Please complete the section on the consent form if you are able to assist.

Activities to be undertaken: Cross country running against other local schools.

Special clothing or other items required: Students will need to be in school uniform, hat, sun cream, lunch, drink bottle and comfortable running shoes.

Contact arrangements during the excursion: Please contact the school on 9583 8800.

Please return the attached Consent Form by Friday 29 July. Thank you.

STEPHEN GREEN
PHYSICAL EDUCATION TEACHER

PETA LAWRENCE
PRINCIPAL

Date



**PARENT CONSENT FORM
FOR SCHOOL EXCURSION –
CROSS COUNTRY CARNIVAL**

To be returned to school by Friday 29 July

If your son/daughter has special needs please provide full details and include any relevant medical details and updates to be entered on the Student Health Care Summary kept at the school.

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis, there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline all current health risks below:

Contact Information		
☎ Home:	☎ Work:	☎ Mobile:
Other:		

I consent to _____ Year _____ Class _____ participating in the Interschool Cross Country Carnival on Wednesday 2 August 2017

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

I am able to assist with my child's team on the day (please tick box if available).

Parent

Date