



### BOYS KNOCKOUT CRICKET TEAM

22<sup>th</sup> April 2021

Dear Parents/Caregivers,

Your son has been selected to represent Kariong Public School at the **NSW PSSA State Cricket Knockout Competition**. Our second round match against Point Clare Public School is scheduled to be played on Tuesday 27<sup>th</sup> April 2021 at Kariong Oval. Transport to and from the venue will be by private vehicle. **Please arrive by no later than 9:30am**. The game will begin at 10am. If you are able to assist with transport, please complete the form below.

Cricket whites should be worn if available; if not, the school sports uniform is acceptable. Please ensure your child has a school or cricket hat, sunscreen, insect repellent and water. Students need to bring their recess and lunch as there will be no canteen facilities available on the day.

Matt Makepeace  
Teacher

Toni Skinner  
Principal

*In line with the 'School's Positive Behaviour for Learning Program' any child whose behaviour is deemed unsatisfactory will be withdrawn from this planned activity. This decision will be made by the Senior Executive after referral from the organising/class teacher. Parents and child will be informed.*

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### PERMISSION NOTE – BOYS' KNOCKOUT CRICKET TEAM (To be returned to Mr Makepeace by Monday 26<sup>th</sup> April 2021)

I give permission for my son \_\_\_\_\_ of Class \_\_\_\_\_ to travel by private vehicle to and from the NSW PSSA State Cricket Knockout Competition at Kariong Oval on Tuesday 27<sup>th</sup> April 2021.

I understand travel will be by private vehicle to and from Kariong Oval.

- [ ] I can provide transport for my own child/ren only.
- [ ] I am **able** to assist with transport. I can transport \_\_\_\_\_ students in addition to my own child. I have comprehensive insurance with \_\_\_\_\_ and this Policy indemnifies the Crown.
- [ ] I am aware that all children must be returned directly back to school after the activity.
- [ ] I have completed, signed and given to the school office a current Working with Children Declaration. **If you are assisting in transporting children other than your own, you must complete this form. These can be obtained from the office and must be filled in prior to this activity.**
- [ ] My child needs transport to and from Kariong Oval.

#### **Medication:**

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My child does not require medication.

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My child has the following medical condition/allergies/special needs to be aware of:

\_\_\_\_\_

My child will require \_\_\_\_\_ medication at \_\_\_\_\_ am/pm.

The dose is: \_\_\_\_\_. Medicare Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

**My emergency contact number on the day will be:** \_\_\_\_\_

Signed: \_\_\_\_\_

Parent / Caregiver

Date: \_\_\_\_\_