



Monday 26 April 2021

Dear Parents/Carers

Your child has been selected to represent Kariong Public School at the 2021 Northern NSW Schools Futsal Tournament. Please complete the attached permission note and medical information then return it to Mr. Brady by **Thursday 29 April 2021**.

Title	Northern NSW Regional Schools Futsal Tournament
Venue	Niagara Park PCYC 18 Washington Ave, Niagara Park
Day and Date	Monday 3 May 2021
Cost	\$20 – covers the hire of venue and referees
Time of departure and return	Own transport – arrive at venue by 8:45am.
Transport	Students to arrange own transport. If you are able to transport students other than your own please note this on the following page.
Accompanying staff	Mr Brady
Staff member with CPR training & emergency care training	Mr Brady
Dress requirements	Students will need to bring appropriate indoor shoes and shin pads. Students will be provided with a shirt, please wear KPS sport shorts.
Refreshment requirements	Students should bring recess, lunch and a water bottle. Canteen facilities are available.
Organising Teacher	Mr Brady

Garth Brady
Organising Teacher

Toni Skinner
Principal

In line with the 'School Positive Behaviour for Learning Program (PBL)' any child whose behaviour is deemed unsatisfactory will be withdrawn from this planned activity.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. The parents and child will be informed if attendance is refused.

Excursion Consent Form

Northern NSW Regional Schools Futsal Tournament

Permission note due by Thursday 29 April 2021 to Mr Brady

General Permission Details

I do/do not consent to _____ of class _____ participating in the Northern NSW Regional Schools Futsal Tournament at Niagara Park PCYC, Monday 3 May 2021.

- ☐ My child will be travelling by private transport to and from the event.
- ☐ My child will be travelling by private transport to and from the event, I can transport ____ extra students.

Payment Options (Please circle one amount and include online receipt number if required)

Payment Options (Please tick one amount and include online receipt number if required)

Date: _____ Payment for: _____

Student Name: _____ Class: _____

- ☐ I enclose **Cash** amount of \$ _____
- ☐ I paid by **EFTPOS** amount of \$ _____ Please attend the School office to pay by eftpos at the Counter.
- ☐ I have paid **ONLINE** via the school website for the amount of \$ _____
- My receipt number is _____ Date: _____

List existing medical conditions or illnesses (include anaphylaxis, asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

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

- ☐ I give/do not give permission for my child to receive medical treatment in case of emergency.

Parent/Carers name _____ Contact number on the day _____

Parent/Carers signature _____ Date _____

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and carers 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 sport 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 or the use of some prescribed part of the body.