



Monday 10th May

Dear Parents/Carers

Please complete the attached permission note and medical information then return it to the office by **Wednesday 12th May 2021**.

Title	Brisbane Water Zone Cross Country Carnival
Brief Description	Representative Cross Country
Venue	Wyoming Public School 41 Maidens Brush Road Wyoming
Day and Date	Friday 21 st May, 2021
Cost	NIL
Time of departure and return	9:30 - 9:50 am - students arrive 10.00 am - walking the track 10.45 am - first race
Transport	Private Transport
Accompanying staff	Mr Chris Gilks Ms Kate Fitzpatrick
Staff member with CPR training & emergency care training	Mr Chris Gilks Ms Kate Fitzpatrick
Dress requirements	Students will need to bring appropriate running. Wear school sports uniform. Please bring sunscreen, school hat and drink bottle.
Refreshment requirements	Please provide food for the day.
Organising Teacher	Ms Kate Fitzpatrick

Kate Fitzpatrick
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the 'School Positive Behaviour for Learning Program (PBL)' any child whose behaviour is deemed unsatisfactory will be withdrawn from this planned activity.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

Brisbane Water Zone Cross Country Carnival

Permission note due by Wednesday 12th May 2021 to the office

General Permission Details

I give permission for my child _____ of Class _____ to attend the PSSA Brisbane Waters Zone Cross Country Carnival on Friday 21st May.

I understand that travel to and from the event will be by private vehicle.

I can provide transport for my own child/ren only.

My child needs transport to and from Wyoming Public School.

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 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.**

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.