Information Re: Wadalba Secondary School Athletics Carnival 2015

Dear Parent / Caregiver,

Your child has been offered the opportunity to participate in the School Athletics Carnival. As is normal procedure, student behaviour is expected to be of the highest quality and students should attend the day in the knowledge that they are representing our school. It is a compulsory school day where students will be earning Wadalba Cup Points.

Event: Secondary Athletics Carnival

Location: Warnervale Athletics Track - we have moved back to Warnervale oval to make the cost and access more equitable for students + it gives us more time to run the carnival.

Date: Friday 13th March, 2015

Period of Time: 8.15am-2.30pm. Students are to be at the oval for roll call at 8.15am. The first event is scheduled to start at 8.40am. The carnival should conclude by 2.00pm to allow us enough time to shuttle students back to school for their afternoon buses.

Mode of Travel: Students catch their normal buses to school, then like the Swimming carnival, shuttle buses will run from school to Warnervale oval at random times starting from 7.30am. The last shuttle bus will be leaving school at 8.00am.

Breakdown of Cost: $5 which is to be paid on the day at roll call. This money goes towards the hiring of the oval, equipment, shuttle buses and prizes.

Event Organiser: Ms L. Kettle - any questions regarding the event can be forwarded to her.

Purpose of the excursion: School carnivals give us the opportunity generate and install school spirit. We have run the carnival in term 1 for the last couple of years in the attempt to avoid the wet weather and wash outs experienced in term 2. We will also be selecting a zone team that will compete at Mingara in late term 2.

Additional comments: This is a compulsory school day therefore all students are expected to be in attendance. Students are to wear house colours or fancy dress.

Supporting Your Child’s Interests
Ms. L. Kettle
Carnival Organiser

Please return your form to the organising staff member as listed above.
Wadalba Community School
School Athletics Permission Note

Name of Parent / caregiver: ____________________________________________

I do / do not give consent to my child __________________________________ of Roll Class
__________________________ to participate in an excursion to Secondary Athletics Carnival on Friday 13th March, 2015.

Transport

Please indicate how your child will be travelling to/from this event:

☐ The Coach/Bus arranged by school.

or:

☐ I will be transporting my own child: Yes / No (Please circle)

☐ I give permission for my child to travel with: ____________________________________________

☐ If transporting students other than your own child, the DET requires you to name those students and submit the following documents:

- A copy of comprehensive insurance
- A copy of registration certificate
- A copy of driver’s licence
- A completed Prohibited Person’s Declaration (attached)

Student(s) travelling with me: ____________________________________________

Photographs & Images

☐ I give permission for my child’s given name and/or image to be published in school communications relating to this excursion.

Medical Information

In giving permission for my child to attend I understand that all sections below must be completed.

My child does/do not suffer from any medical condition. (If so, please attach details of the medical management program which he/she follows)

My child does/do not suffer from an allergy. (If so, give details of any allergies your child suffers)

In what year was your child last immunised against tetanus? ____________________________

Is there any other information we may need to be aware of that may impact on the activity being undertaken?

________________________________________

Student’s Medicare Number: ____________________________________________

I understand that in the case of an emergency, staff will make contact with the ambulance service and/or hospital.

Signature: ____________________________ Date: ____________________________

Emergency Contact for day of excursion

Name: ____________________________ Ph. ____________________________

Coordinating Teacher: L.Kettle