PRIMARY ATHLETICS CARNIVAL 2015

The St Andrews Public School Annual Year 3-6 Athletics Carnival will be held on **Tuesday 9th June, 2015** at Campbelltown Sports Stadium, for all the track and field events.

The cost will be **$8.50 per child**. This will cover the cost of transport by bus, entry into the grounds and hire of equipment.

Students will be required to come to school at the usual time and line up for assembly under the cola at 9.10am. **Boys and girls involved in 800 METRES and DISCUS EVENTS are required to be at school by 8.40am.** Students not at school by 8.40am in these events will unfortunately miss out due to time constraints. All students will return to school by 3.00pm.

Please ensure your child has the following:
- Asthma puffers for children who require them
- Lunch, recess and plenty of drinks including water (canteen facilities will NOT be available)
- Sports uniform including school hat (house colour T-shirt may be worn)
- Running shoes
- Warm jacket to put on after events

Students will participate in age events and also have the opportunity to participate in novelty events. Parents are very welcome to attend the carnival. All parents are required to sit in the stands if they attend and must remain off the field. Both students and teachers always appreciate your support. Parents are advised that children will be required to stay with their age group and at the event they are participating in until all the children have completed that activity. Children will not be permitted to sit in the stands unless instructed by a teacher.

Please complete the permission note and medical form and return to the office with the money by **Monday 1st June, 2015**. No late payments will be accepted.

Thank you,

Miss Courtney Sweeney  
Athletics Carnival Co-ordinator

Mr Stuart Keast  
Rel. Deputy Principal

---------- Please detach and return to the office by Monday 1st June, 2015 ----------

I give permission for my son/daughter ........................................... of class .................. to attend the Athletics Carnival at **Campbelltown Sports Stadium** on **Tuesday 9th June, 2015**. I understand travel will be by bus.

Signed: ................................................................. Date ..............

My child has asthma and will provide an inhaler on the day [ ]

My child will be involved in 800 metres and/or discus events and needs to be at school **by 8:40am** [ ]

Signature: Parent/Caregiver ............................................. Date ..............
Medical information form

The information provided by parent/care giver is being obtained for the purpose of a medical emergency at the St Andrews Athletics Carnival, at Campbelltown Sports Stadium, Campbelltown, on **Tuesday 9th June, 2015**. Other persons and/or agencies that will be provided with this information are ambulance officers for the purpose of medical attention. Provision of this information is required by law / voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the class teacher.

**Student name:** ...........................................  **Class:** ...........................................

**Parent or caregiver contact details**

**Name:** ........................................................................................................................................

**Address:** ......................................................................................................................................

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**Home phone:** .................................................  **Work:** .........................................................  **Mobile:** ......................................................

**Doctor contact details**

**Name:** ........................................................................................................................................

**Address:** ......................................................................................................................................

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**Doctor’s telephone:** .............................................................  1. .....................................................  2. .....................................................

**Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)**

1. **Name:** .................................................................  **Phone:** ....................................................

2. **Name:** .................................................................  **Phone:** ....................................................

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

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**Medical conditions or illnesses continued**

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**Outline special dietary needs including possible reaction to inappropriate diet**

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

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**Signature:** .................................................................  **Date:** .................................................................

**Please return this by:**  **Monday 1st June, 2015**