Wednesday 22nd May, 2013

Dear Parents/Caregivers,

The School Athletics Carnival will be held on Thursday 20th June, 2013, or Thursday 27th June, 2013 (back up wet weather day).

This year the carnival will be held at Tahmoor Oval, Tahmoor. Travel to and from the venue will be by bus. The children need to be at school by 9.30am, so that rolls can be marked and we can depart ready to start the carnival on time. All children attending the carnival will travel to Tahmoor by bus as part of the whole school group. NO child is to go to the carnival by private car. The carnival will take place from 10.15am until 2.30pm and we will return to school by 3.30pm.

The Athletics Carnival will be a Year 2 (those turning 8) to Year 6 compulsory school event.

The cost of the carnival will be $10 to cover the cost of the bus, the use of the oval and sports equipment. Children will need to bring recess, lunch, suitable attire, hat, drinks, and wear warm clothing on the day (in school house colours). A plastic bag to sit on would be appropriate. *(The canteen will be in operation on the day.)*

Parents are most welcome as always to come as spectators. If you intend to take your child straight home from the carnival site, *notes must be written and given to the class teacher* and the parent/caregiver is to sign the child off the class list on the day.

Money and permission notes must be returned by Wednesday 12th June, 2013 to the school office.

*To enable our carnival to run smoothly we are asking for volunteers to help out with various jobs including time keeper, raking, marking, measuring, etc. If you are able to assist on the day of the carnival please fill in the attached slip and return it to Mrs Manga ASAP. Any help would be appreciated and no you don’t have to be an Olympic Official to help out.*

Mrs Manga
Organising Teacher

Mr Angus
Principal

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**THE OAKS PUBLIC SCHOOL**

**SCHOOL ATHLETICS CARNIVAL – 20/6/13 OR 27/6/13**

Child’s Name: ____________________________ Class: ____________

I consent to my child participating in the Athletics Carnival at Tahmoor Oval on Thursday 20th June, 2013 or Monday 27th June, 2013 and enclosed is the $10 to cover the cost of the carnival.

I am aware that travel will be by bus.

_____________________________          ______________________________           __________________________
Parent/Guardian Signature          Parent/Guardian Name          Date

Money and notes to be returned to the school office by Wednesday 12/6/13

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**THE OAKS PUBLIC SCHOOL**

**SCHOOL ATHLETICS CARNIVAL – 20/6/13 OR 27/6/13**

☐ Yes, I am able to assist on the day of the carnival.

_____________________________          ______________________________           __________________________
Child’s Name          Class          Parent/Guardian Name          Date

*This slip to be returned to Mrs Manga ASAP.*
The information requested below will help to provide the best possible care of your child.

- Providing this information is not obligatory, but its absence may prevent your child from participation;
- It will be used to minimise risks associated with this excursion;
- It will be seen only by those persons providing health care treatment;
- It will be stored securely and destroyed after the legal time limit has expired

**Student Name:** ____________________________  **Class:** ______________

**Parent or Caregiver Contact Details**

Name: ____________________________
Address: ____________________________
Home Phone: __________  Work: __________  Mobile: __________

**Doctor Contact Details**

Name: ____________________________
Address: ____________________________
Doctor’s Telephone: 1. ____________________________  2. ____________________________

**Emergency Contact/s Details (nominated by the parent/caregiver as alternate contact)**

1. Name: ____________________________  Phone: ____________________________
2. Name: ____________________________  Phone: ____________________________

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

________________________________________________________________________

________________________________________________________________________

Outline special dietary needs including possible reaction to inappropriate diet

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ____________________________  Date: ____________________________

Please return this form by:  __________  To: __________