K – 2 Sports Carnival - Tabloid Sports
29th August, 2014

Dear Parents/Caregivers,

The K-2 Sports Carnival will be held on Friday, 29th August, 2014. We are fortunate enough to have Tabloid Sports Carnivals organise our day once again. The company will bring along its own equipment and trained consultant. Students will move through a series of about ten activity stations lasting between 8-10 minutes.

Details of the carnival are listed below.

Date: Friday 29th August 2014
Time: 9.30am to 12.30pm with lunch at approximately 11.00am
Where: School grassed area
Cost: $5.00
What to Wear: Full Sports uniform or house group colours, hat, sports shoes
What to Bring: Drinks, lunch, warm jacket

Please complete the permission note and return it with the $5.00 payment on or before Tuesday 26th August, 2014. Unfortunately payments after this date will not be accepted due to the organisation of students groups etc. We thank you for your understanding.

Mrs S. Crouch
Principal

Mrs A. Gard
Assistant Principal

THE OAKS PUBLIC SCHOOL
5 Burragorang Street, The Oaks 2570
Phone: (02) 4657 1185
Fax: (02) 4657 1704
Email: theoaks-p.school@det.nsw.edu.au

I would like my child/ren to be involved in the K-2 Sports Carnival on Friday 29th August 2014.

Name _____________________________ Class __________________
Name _____________________________ Class __________________
Name _____________________________ Class __________________

I understand that payment is due by Tuesday 26th August, 2014. I have enclosed the amount of $___________.

Parent/Guardian Signature ____________________________ Parent/Guardian Name ____________________________ Date __________
MEDICAL INFORMATION FORM

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: ____________
Medicare Number: ____________________________

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: ____________________________