Wednesday 20th May, 2015

Dear Parents/Caregivers,

The School Athletics Carnival will be held on Thursday 18th June, 2015, or Thursday 25th June, 2015 (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 in Yrs 5 & 6 need to be at school by 8.45am for a 9am departure. The children in Years 2, 3 & 4 will 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 Thursday 11th June, 2015 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

Mrs Crouch
Principal

THE OAKS PUBLIC SCHOOL

SCHOOL ATHLETICS CARNIVAL – 18/6/15 OR 25/6/15

Child’s Name: ___________________________ Class: ___________________________

I consent to my child participating in the Athletics Carnival at Tahmoor Oval on Thursday 18th June, 2015 or Thursday 25th June, 2015 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 Thursday 11/6/15

THE OAKS PUBLIC SCHOOL

SCHOOL ATHLETICS CARNIVAL – 18/6/15 OR 25/6/15

☐ 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 Oaks Public School
Athletics Carnival 18/6/15 or 25/6/15

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: ______________

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: **Thursday 11th June, 2015** To: ___________ The Office ___________