

## Grade 3-6 Athletics Carnival 2016

Dear Parents/ Carers,

The annual MSPS Athletics Carnival for Grades 3-6 is an integral part of our PE program, and all students are expected to attend. The cost of this event was included in the essential resources and activities payment, so no payment is required at this time.

Who:	All students in Grades 3, 4, 5 & 6
When:	<b>Thursday April 14<sup>th</sup></b>
Where:	Willinda Park, Greensborough
Cost:	Covered by Essential Resources. No further payment is required.
Travel :	Bus
Bring:	<ul style="list-style-type: none"> <li>• Hat</li> <li>• All Food and drink for the day (no glass bottles) in a bag.</li> <li>• Appropriate clothing for participation in Athletics events, Runners</li> <li>• Students are permitted to wear <b>House Colours</b></li> </ul>
Sign & Return:	<b>Both</b> Permission slips DUE BACK to school by <b>Thursday March 17<sup>th</sup></b>
Assistance:	Indicate on form below if you are available. <u>Working with Children Check required.</u>

Parents/Carers are most welcome to attend and support this event.

### Sue Grad, on behalf of the Grade 3-6 Teachers

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**Grade 3-6: HOUSE ATHLETICS CARNIVAL**

**OFFICE COPY**

I consent to my child \_\_\_\_\_ in HG \_\_\_\_\_ participating in the excursion to Willinda Park Greensborough, for the House Athletics Carnival on **Thursday April 14<sup>th</sup>**.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

My child suffers from asthma: Yes / No (If YES, your child must supply their own puffer to take on the excursion).

Parent/Carer signed: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_

Phone number: \_\_\_\_\_

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**Grade 3-6: HOUSE ATHLETICS CARNIVAL**

**EXCURSION COPY**

I consent to my child \_\_\_\_\_ in HG \_\_\_\_\_ participating in the excursion to Willinda Park Greensborough, for the House Athletics Carnival on **Thursday April 14<sup>th</sup>**.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

My child suffers from asthma: Yes / No (If YES, your child must supply their own puffer to take on the excursion).

Parent/Carer signed: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_

Phone number: \_\_\_\_\_

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**Grade 3-6: HOUSE ATHLETICS CARNIVAL**

**PARENT/CARER HELPER NOTE**

YES, I am able to assist on this excursion and YES, I have a current Working with Children check.

Parent's name: \_\_\_\_\_ Signed: \_\_\_\_\_ Child's name: \_\_\_\_\_

**Sue Grad will notify all Parents/Carers who volunteered to assist, once all permission notes have been returned.**