



CARRINGTON PUBLIC SCHOOL

Sport/Excursion/Activity/Incursion Consent Form

Dear Parent/Caregiver, an excursion/activity has been organised for your child

Excursion/ Activity/Sport	Athletics Carnival
Date	Monday May 10, 2021
Venue	Fearnley Dawes Athletics Track
Cost	\$15
Transport	Coach fitted with seatbelts
Supervision	All school staff
What to bring	Lunch and recess, hat, water bottle. There will be no canteen facilities available.
What to wear	Sport uniform or house colours
Additional information	<ul style="list-style-type: none">• Please apply sunscreen before coming to school on the day. Sunscreen will be reapplied throughout the day as required.• Information regarding spectator attendance will be provided closer to the date.

Mrs McQueen
Sport Co-Ordinator
Wednesday March 10, 2021

James McGill
Principal

MEDICAL DISCLAIMER

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and for students in relation to school sporting activities, physical education lessons or may any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and State School Sport Associations when deciding whether additional insurance cover, above that provided by Medicare, is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

Carrington Public Excursion/Activity Permission Note

Excursion: 2021 Athletics Carnival

Date: Monday May 10, 2021 – Term 2 Week 4

Return this portion to the Office by Friday April 30, 2021 – Term 2 Week 2

I give permission for my child _____ from class _____ to attend the excursion/activity above.

My medical details have not changed. **OR**

My child's medical details have changed. My child's updated medical details are attached.

Payment Method (Payment must accompany this permission form):

Cash Cheque Online Receipt Number _____

Signature Parent/Caregiver Name Date