

**INTERSCHOOL WINTER CARNIVAL AT BULGARRA OVAL**

INFORMATION FORM FOR PARENT/CAREGIVER

Dear Parent/Caregiver

I am pleased to provide you with the following details regarding the Winter Sports Carnival.

**PURPOSE OF THE EXCURSION**

Interschool multisport event.

**ACTIVITIES TO BE CONDUCTED:** Soccer, Teeball, Volleyball, Tennis, Minkey and League Tag

**DATE:** Thursday 21 June 2018

**COST:** \$10.00 (to cover transport costs) Payable at Front Office by cash, eftpos (online payment system) or credit card.

**LOCATION:** Bulgarra Oval

**TRANSPORT ARRANGEMENTS**

Students will be transported to Bulgarra Oval by bus (Fortescue Bus Services) and under teacher supervision.

<b>ITINERARY</b>		
<b>Location</b>	<b>Arrive</b>	<b>Depart</b>
Baynton West Primary School		8:45am
Bulgarra Oval	9.00am	
9:30am Games Start		
1:20pm Presentations		
Bulgarra Oval		1:30pm
Baynton West Primary School	1.45 pm	

**STUDENT CONTACT ARRANGEMENTS DURING EXCURSION**

Contact phone number will be 0476 831 888.

**SUPERVISION TO BE PROVIDED**

Students will be supervised by Kelly Langlands, Ashleigh Smith, Jake Wrigley, Brenton Green, Kayla Cross, Richard Amery

**STAFF ACTION IN CASE OF ACCIDENT OR ILLNESS**

A first aid kit will be available. School will be notified and in the event of a serious incident, parents and emergency services will be notified.

**SPECIAL CLOTHING OR OTHER ITEMS REQUIRED**

Students need to wear a good pair of **running shoes** (soccer students can wear soccer boots if they wish). Students should also bring a **labeled water bottle, lunch, healthy snack** and a **hat**.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behavior and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged.

Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

Should you have any queries, please do not hesitate to contact Kelly Langlands (the teacher in charge of the excursion) on 91853001

If you have any questions about this event please contact;

[Kelly.langlands@education.wa.edu.au](mailto:Kelly.langlands@education.wa.edu.au)

Kind regards,

Kelly Langlands  
Health and Physical Education Coordinator  
8 June 2018

### **Spectator Code of Behaviour**

As a spectator in any activity held or under the auspices of (the sport), a member association or an affiliated club, you must meet the following requirements in regard to your conduct during any such activity or event:

1. Respect the decisions of officials and teach young people to do the same.
2. Never ridicule or scold a young player for making a mistake. Positive comments are motivational.
3. Condemn the use of violence in any form, whether it is by other spectators, coaches, officials or players.
4. Show respect for your teams' opponents. Without them there would be no game.
5. Do not use violence, harassment or abuse in any form (that is, do not use foul language, sledge or harass players, coaches, officials or other spectators).
6. Respect the rights, dignity and worth of every person regardless of their gender, ability, cultural background or religion.

**Consent form for Inter School Winter Carnival Excursion**  
**To be returned to school signed by Monday 18<sup>th</sup> June**

☎ Home: _____	☎ Work: _____	☎ Mobile: _____
Other: _____		
<p>I have read and understood the information regarding the <u>Winter Carnival</u> on Thursday 21 June and give my consent for my son/daughter _____ of Room _____ to attend.</p>		
<p><i>Signature of parent/guardian:</i> _____ <i>Date:</i> _____</p>		

**Payment of \$10.00 for transport**

Cash at office  
 School app

Credit Card Payment SORRY NO AMERICAN EXPRESS															
Credit Card Number															
Card Type _____ Expiry Date _____ Amount _____ CCV _____															
Name on Card _____															
Signature of Cardholder _____ Date _____															

# APPENDIX A STUDENT HEALTH FORM

## STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

### STUDENT DETAILS

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone no. – home: \_\_\_\_\_

– work: \_\_\_\_\_

– mobile: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_

Telephone no: \_\_\_\_\_

### Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes

No

If "yes", please give details:

### Is your child allergic to:

Penicillin

  
  
  

(Please give details)

Any other drug

Any food

Other

Date of last tetanus vaccination: \_\_\_\_\_

### Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of prescribed medication?

Yes

No

Does your child self-administer the medication?

Yes

No

If "yes", state name of medication, dosage and frequency of use:

Does your child have a current Health Care Authorisation Plan at school?

Yes

No

### Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

