

Dear Parent/Caregiver,

I am pleased to provide you with the following details regarding the **Interschool Jumps/Throws/400m Championships**.

PURPOSE OF THE EXCURSION

Athletics Carnival and Community Health Event

ACTIVITIES TO BE CONDUCTED: Long Jump, Triple Jump, Vortex Throw and 400m championship events.

DATE: Wednesday 8 September 2021

COST: \$5.00 (to pay for bus hire) We will be sharing a bus with Pegs Creek Primary School

LOCATION: Wickham Primary School.

TRANSPORT ARRANGEMENTS

Students will be sharing a bus with Pegs Creek PS and travelling to Wickham under teacher supervision.

ITINERARY		
Location	Arrive	Depart
Baynton West Primary School		8:30am
Wickham Primary School	9:15am	
9:30am start Program finishes at 12:00pm Presentations at 12:15pm		
Wickham Primary School		12:30pm
Baynton West Primary School	1:15pm	

STUDENT CONTACT ARRANGEMENTS DURING EXCURSION

Contact phone number will be 08 9187 6200

SUPERVISION TO BE PROVIDED

Students will be supervised by Andrew Wotherspoon and Branden McGrath



STAFF ACTION IN CASE OF ACCIDENT OR ILLNESS

A first aid kit will be available. The 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. Students also need to bring lunch, a snack, labelled water bottle and a hat. Should you have any queries, please do not hesitate to contact Andrew Wotherspoon (the teacher in charge of the excursion) on 089187 6200

Kind regards




Andrew Wotherspoon

Health and Physical Education Specialist



CONSENT FORM FOR INTERSCHOOL JUMP THROWS
TO BE RETURNED SIGNED TO THE SCHOOL BY MONDAY 6 SEPTEMBER 2021

Contact Information

 Home:	 Work:	 Mobile:
Other:		
I have read and understood the information regarding the _____ excursion on _____ and give my consent for my son/daughter _____ of Room _____ to attend.		
Signature of parent/guardian: _____ Date: _____		

The following details have changed from those recorded on my child's health information form:

Payment Options: Over page...

Payment Options: (please indicate how payment has been made)

- Cash to the Office (Correct Cash Only – No Change Given)
- EFTPOS or Credit Card in person at the Office
- Complete the below Credit/Debit Card Authority form and return with your permission slip
- Online through the QKR App

Credit Card Number															
Card Type				Expiry Date				Amount				CCV			
Name on Card															
Signature of Cardholder								Date							



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.

