

PLENTY PARKLANDS PRIMARY SCHOOL

25/7/19

BDSSA ATHLETICS

TITLE:	BDSSA ATHLETICS CARNIVAL
CURRICULUM AREA:	Health and Physical Education
HOME GROUPS INVOLVED:	selected year 4, 5 and 6 students
VENUE:	Meadowglenn International Athletics Stadium 146 – 156 McDonalds Road Epping
DATE OF EXCURSION/SPECIAL EVENT: Mode of travel: Diamond Coaches	Date: Wednesday 21st August 2019 Departing at: 9am Returning at: 3.15pm
COST: Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	\$15.00 <small>Please note that the cost includes all charges for the event/excursion including, where relevant, transport costs, entry fee, venue, room and equipment hire and any other specific costs associated with the delivery of the program. If, for an exceptional reason your child does not travel to or from the event in the bus, for example, the school is still charged the full amount for transport and so unfortunately we cannot deduct costs from this amount.</small>
WHAT TO BRING: (Sunscreen – to be reapplied every two hours if the activity is outdoors)	Water drink bottle, healthy snacks and lunch. The canteen will be opened at the venue on the day.
SPECIAL REQUIREMENTS:	School uniform and well fitted runners. Weather proof/warm jacket.
SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:	Reminder: It is a parent/guardian's responsibility to send any specific medical requirements, such as asthma puffer, etc. Pack your child's medication and hand it (with specific instructions) to your child's teacher. It is a teacher's responsibility to collect the EpiPen bag from the first aid room or the hypo kit from the classroom.
PARENTAL ASSISTANCE REQUIRED:	Parent volunteers must have already completed the Volunteer Training Program and hold a valid WWC check. Please reply by: Tuesday 13th August 2019 Volunteers will be notified by: Friday 16th August.
NOTICE AND PAYMENT MUST BE RETURNED BY: <i>Please note: payment will NOT be accepted after the due date.</i>	3.30pm on 15/8/19

If paying by cash/ credit card/ cheque or CSEF please return permission section to the school by the due date.
No need to return permission section if paying by Qkr.

Parent assistance (please notify the staff member listed if you are able to assist on the day) **Please provide the following details by e-mail to Julie Gatt : gatt.julie.m@edumail.vic.gov.au** - Student's name and home group, Adult's name and daytime contact phone number.

I am available to help with the year 4 - 6 athletics carnival on **Wednesday 21st August**. I understand that because of my duty of care for the students at PPPS, I cannot bring other children on the excursion. I have completed the Volunteer Training Program and hold a valid WWC check. I understand my responsibilities to live by the PPPS values and abide by the excursion protocols. I also agree that I will not take phone calls from, or phone, text, or send photos to other Plenty Parklands families while on the excursion. I agree to wait until after the excursion before posting photos of my child on any form of social media. I understand that I do not have permission from the school or other families to post photos of other children. If in the case that more parents volunteer than places available, the teaching staff in the unit will make the decision as to which parent/s is/are best suited to assist with the excursion.

✂-----

I give permission for my child _____ of home group _____ to attend the athletics carnival at **Meadowglenn International Athletics Stadium on Wednesday 21st August**.

If the emergency contacts are unavailable I authorise the teacher in charge to consent to my child receiving such medical treatment as deemed necessary by a medical practitioner.

Yes No If no consent is given what should the school do? _____

Emergency contacts on the day of the excursion

Name _____ Phone no: _____

Name _____ Phone no: _____



Date _____ Signature _____

Amount enclosed: _____ **QKR /Cash/Cheque/Credit Card/CSEF** (please circle)

Credit Card payment ✂-----

PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (to be used for amounts of \$10 and over)

Child's name	Home Group	Payment for: eg. Camp	Amount

Please charge my: Bankcard Visa Mastercard Amount: \$ _____

Card Number _____

Expiry Date: ____ / ____ Name on Card: _____

Signature of Cardholder: _____ Phone No. _____ Date: _____