

LILYDALE HIGH SCHOOL SPORTS DAY

Tuesday 15th March 2016



Dear Parents,

Each year, our Grade 6 students have the opportunity to be involved in a Sports Day with Year 7 students at Lilydale High School.

In the past it has been an exciting and extremely well organised fun day. It gives students a taste of school life in a secondary school and is a chance to catch up with Wandin Yallock students from last year. The Year 7 students act as hosts and also join us in the games.

The Sports Day is to be held on Tuesday 15th March. Lilydale High School will provide the buses and there is no charge. We will be leaving here at approximately 9.10a.m and returning at approximately 2.30p.m. Students need to bring their own lunch and water bottle. They will also need to wear correct school uniform suitable for sports eg: shorts, hat and footwear.

Sunscreen is advisable. We will need one parent to assist with supervision on the bus and at the high school. If you can help, please contact Miss Harvey. Other parents are very welcome to meet us at Lilydale HS to watch. Looking forward to your continued support,

Alex Harvey
Grade 6 Teacher

✂-----

LILYDALE HIGH SCHOOL SPORTS DAY

Tuesday 15th March 2016

The Principal
Wandin Yallock Primary School

I give permission for my child _____ Grade _____ to attend to attend Lilydale High School for the Sports day on Tuesday 15th March 2016. Students will be travelling by bus, leaving school at 9.10am and arriving back at 2.30pm.

I consent to my child taking part in this excursion. I authorize the teacher in charge, when it is not possible or otherwise impracticable to contact me, to consent to my child receiving any medical or surgical treatment as may be deemed necessary by a medical practitioner or administer such first-aid as the teacher-in-charge judges to be reasonably necessary and I accept responsibility for the payment of any medical or transport expenses thus incurred.

Parent/Guardian's Name: _____ Contact No.: _____

Parent/Guardian's Signature: _____ Date: _____

Medical Information - Please tick if your child suffers any of the following:

- Asthma Anaphylaxis Travel sickness
 Other: _____

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication including details of child's name, dosage and time taken must be given to the teacher-in-charge.

This confidential consent form asks for personal information about your child as well as family members that provide care for your child. All staff at Wandin Yallock Primary School and the Department of Education & Training are required by law to protect the information provided by this consent form. The Department of Education & Training requires this consent form to be signed for all students attending school excursions