

# GRADE 4/5/6 Inter-School Sport 2016



Dear Parents,

During terms 2 and 3 our Wandin and District Sports Association will again be running Inter-School sport.

The sports will normally be played on Fridays (games commence at 1.00pm. and finish at 2.30pm).

The sports played are Football, Volley Stars and Netball.

*Our second away round is Friday 27<sup>th</sup> May playing at Don Valley Primary School*

All **footballers** **MUST** have a **complete change of clothes to compete in** as children will be using buses and classrooms after each match so their uniform needs to **stay clean.** School uniform will need to be put back on at the conclusion of the game.

Parents are most **WELCOME** to attend any of our games. In fact, if you can assist with umpiring or supervision of children please let us know.

Permission Form **must** be returned by Thursday 26<sup>th</sup> May. The cost for the bus will be \$8.00.

Jo McCracken and Alex Harvey

Grade 4/5/6 Teachers



## Interschool Sport Friday 27<sup>th</sup> May 2016 Don Valley Primary School



The Principal

Wandin Yallock Primary School

I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_ to attend Interschool Sport at Don Valley Primary School on Friday 27<sup>th</sup> May 2016. Students will be travelling by Seat Belted bus, leaving school at 12.30pm and arriving back at 2.40pm.

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*

### Please select Payment Method

*(Please note you can include payment for all siblings in the one envelope but one consent form for each child must be included.)*

Please take payment of \$8 from my account **which is in credit.**

Please take payment of \$8 from my **Camps, Sports, Excursion Funding** (Approved recipients only).

I enclose \$8.

Payment by cheque – (made payable to 'Wandin Yallock Primary School')  Payment by cash or EFTPOS at office

Direct Deposit: Account Name – WANDIN YALLOCK PRIMARY SCHOOL

BSB: 633 000 Account: 117 554 592 Please use the Parent Family Name when entering your details.

\$8 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: \_\_\_\_\_

Name as appears on Credit Card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_