

Newport Gardens Primary School
P.O. Box 3183, Newport, VIC 3015
Ph: 9391 2168



Name of excursion:	Newport Gardens Athletics Carnival	
Teachers in charge:	Paul Maisey	
Day & date of excursion:	Friday 8th May, 2015 (9.am – 2.30pm)	
Venue name:	Newport Park Athletics Track, Douglas Parade, Newport ,Vic, 3015	
Transport	Bus	
Cost per student:	\$10	Return permission slip by: Thursday the 7th May 2015

This permission form is to allow my child to take part in the **Newport Gardens Athletics Carnival**. This carnival is part of the school's house system and will be the trials for our school team to compete at the ADSSA event later in the year. This carnival is also part of the PE program and compulsory for all students. The students have been practicing these events and this carnival is the culmination of their hard work as well as a great leaning opportunity.

Students will be required to wear: school uniform (or House colour shirts), athletic clothing & appropriate footwear like runners. In addition to this, students will need to bring their own drink (plastic bottle) and lunch if not purchasing a SUBWAY lunch organised by the Parents' Club. Parents are also welcome to attend, but must arrange their own transportation. If you are interested in volunteering for the day please register at the office. All students will be continually supervised under the guidelines of the DE&T. If you have any questions please see your classroom teacher or myself.

Paul Maisey
Phvsical Education Teacher

Newport Gardens Athletics Carnival PERMISSION SLIP

Return to you classroom teacher by:

**Thursday the 7th May
2015**

I *give* permission for my child Grade

to participate in the **Newport Gardens Athletics Carnival**. I understand my child will be travelling by bus to and from the venue: **Newport Park Athletics Track, Douglas Parade, Newport ,Vic, 3015, Melways Ref: Map 56 B4**

I consent to my child receiving medical/surgical treatment as it is deemed necessary and where it is impracticable to communicate with me. I accept responsibility for any medical and ambulance expenses that may be incurred.

I am aware that if my child misbehaves in a manner that is a danger to themselves or others, I may be contacted and asked to collect my child from the excursion.

If your child requires non-refrigerated medication on this day, please inform the teachers in charge in writing of the medication type, dosage and time to be given.

NOTE: The Department of Education & Training does not provide students with accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer.

Parent /Guardian:.....(full name)

Signature: Date:.....

In case of emergency I can be contacted on : (phone number)

STUDENT NAME: _____

I enclose \$ _____ **CASH/CHEQUE/CREDIT CARD**

☐ Visa

☐ Bankcard

☐ Mastercard

Expiry Date ____ / ____

Credit Card No.

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Card Holders Name _____ (Please Print) Card Holders Signature _____