



Alkimos Beach PRIMARY SCHOOL

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10/9/2019

Dear Parents/Carers,

RE: Interschool Athletics Jumps, Throws and Long Distance Day

On Wednesday 18th September, our school will be entering selected students in events at the interschool athletics carnival jumps day. The event (s) your child may be involved in are long jump, throws or long distance running

The competition will take place at Quinns Beach PS and will involve local schools from our sporting network.

The bus will leave school at 8.40am and return to school by approximately 12.30pm. Mr Mews and Mr Blanch will be organizing and supervising students on the day.

Students are required to bring recess, a drink, a hat, and dressed in appropriate school sporting attire.

The cost for the bus will be subsidised by the school but **\$5** will need to be paid by each student.

If you wish for your child to attend please return the attached form to the drop box at the office by Monday 16th September.

Date:	Wednesday 18 th September 2019
Cost:	\$5
Time departing:	8:40am
Time returning:	12.10pm departure for an approximate arrival of 12:30pm

Please complete the payment information, permission form and Student information form, returning it to school no later than **Monday 16th September 2019**.

Kind Regards,

Anthony Mews
PE Teacher

- I have completed and signed the 'Excursion Consent' page (attached)
- I have selected my 'Payment Option Form' page (attached)
- I have completed the 'Student Information Sheet' (attached)

EXCURSION CONSENT

Athletics Carnival Jumps, Throws, Long Distance Day

Please return no later than Monday 16th September 2019.

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I have provided the school with current medical information and necessary medication relevant to my child and agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision/medication may be arranged.

I have supplied _____ medication

(eg EpiPen, Ventolin, Antihistamine)

I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the information regarding the excursion and give my consent for my child

_____ (full name)

to attend the excursion to Quinns Beach on Wednesday 18th September 2019.

Payment Options Form

Student name: _____ in _____(Class)

Activity: **Athletics Carnival Jumps, Throws, Long Distance Day (Wed 18 Sep)**

Please tick the appropriate box

Please note our preferred payment method is direct transfer into our school bank account.

I have made payment direct to school account using reference of Student surname and initial and activity name.

Bankwest BSB: 306-182 Acct: 0085426

Administration Area for Eftpos facility.

Cash enclosed.

To be placed in the drop box in Administration

Credit Card Payment VISA / M'card / B'card (please circle)

Please provide card number

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Exp:_____ CCV #:_____ Signature:_____

Please contact Kim Dark in Administration if you need to discuss payment options

Kim Dark
Manager Corporate Services



Strictly Confidential

Student Information Sheet

To be completed in full. If child on 2nd, 3rd or subsequent excursion please confirm accuracy of information on form, or make necessary changes.

This information, which 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	
Telephone No. - home		Telephone No. - work	
Telephone No. - mobile		Name of family doctor & Telephone No.	

Year Level:

Class Teacher:

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 (Please circle one.)

If "yes", please give details:

Is your child allergic to:

If yes please give details:

Penicillin	Yes/No	
Any other drug	Yes/No	
Any food	Yes/No	
Other	Yes/No	
Date of last tetanus vaccination:		

Medication

If your child requires medication, Parents/carers are required to make arrangements via the office for the safekeeping and handling of medications needed by the student prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?	YES	NO	(Please circle one)
Does your child have a Medical Action Plan	YES	NO	(Please circle one)
If "yes", state name of medication, dosage and frequency of use:			

Other information
<p>Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.</p> <hr/> <hr/> <hr/> <hr/>
<p>PLEASE NOTE:</p> <p>It is the responsibility of the parent/carer to inform the school office of any changes in a student's general and medical details.</p> <p>Incorrect or incomplete information may result in a child not being able to attend the excursion.</p>
<p>SIGNED _____ DATE _____</p> <p style="margin-left: 100px;">Parent/Carer</p>