



THE OAKS PUBLIC SCHOOL

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ATHLETICS CARNIVAL 2018

When: Thursday, 28th June or Thursday 5th July 2018

Where: Tahmoor Oval, Tahmoor

Time: 10.15am-2pm



This year the School Athletics Carnival will be held on Thursday 28th June, 2018, or Thursday 5th July, 2018 (back up wet weather day).

The carnival will be held at Tahmoor Oval, Tahmoor. Travel to and from the venue will be by bus. The students in Years 5 & 6 need to be at school by 8.45am for a 9am departure, the students in Years K-4 will need to be at school by 9.30am, so that the rolls can be marked and we can depart ready to start the carnival on time. All students attending the carnival will travel to Tahmoor by bus as part of the whole school group. NO child is to go to the carnival by private car. The carnival will take place from 10.15am until 2.00pm and we will return to school by 2.45pm.

The Athletics Carnival will be a K-6 compulsory school event.

The cost of the carnival will be \$10 to cover the cost of the bus, the use of oval and sports equipment. Children will need to bring recess, lunch, suitable attire, hat, drinks and wear warm clothing on the day (in school house colours). A plastic bag to sit on would be appropriate. ***The canteen will be in operation on the day.***

Parents are most welcome as always as spectators. If you intend to take your child straight home from the carnival, the parent/caregiver is to sign the child off the class list on the day. A signed permission note is required if you wish your child to travel home with another parent.

Money and permission notes must be returned by Wednesday 20th June, 2018 to the school office.

To enable our carnival to run smoothly we are asking for volunteers to help out with various jobs including time keeper. Raking, marking, measuring etc. If you are able to assist on the day of the carnival please fill in the attached slip and return it to the office ASAP.

If you have any questions regarding this event, please contact Mrs Grieve or Mrs Harrison via the School office.

Mrs K Grieve and Mrs C Harrison

Event Coordinators

Mr Steven Hooke

Principal



Athletics Carnival 2018



I give permission for my child..... of
Class..... to participate in the Athletics Carnival on Thursday 28th June 2018 or on the back
up date of Thursday 5th July 2018. I have completed a Medical note for this event and have attached it.

☐ I have enclosed \$10 to cover the cost of the carnival.

☐ POP payment Receipt Number: _____

Parent/Guardian name

Parent/Guardian signature

Date

Please return to the office ASAP if you are able to volunteer your time at the carnival.



THE OAKS PUBLIC SCHOOL
School Athletics carnival- 28/6/18 or 5/7/18
Yes, I am able to assist on the day of the carnival.



Child's Name

Class

Parent/Guardian Name

Date



THE OAKS PUBLIC SCHOOL

ATHLETICS CARNIVAL – THURSDAY 28TH JUNE OR THURSDAY 5TH JULY 2018



MEDICAL INFORMATION FORM

The information requested below will help to provide the best possible care of your child.

- Providing this information is not obligatory, but its absence may prevent your child from participation;
- It will be used to minimise risks associated with this excursion;
- It will be seen only by those persons providing health care treatment;
- It will be stored securely and destroyed after the legal time limit has expired

Student Name: _____ Class: _____

Parent or Caregiver Contact Details

Name: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Medicare Number: _____

Doctor Contact Details

Name: _____

Address: _____

Doctor's Telephone: 1. _____ 2. _____

Emergency Contact/s Details (nominated by the parent/caregiver as alternate contact)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

List existing **medical conditions or illnesses** (including asthma, diabetes, epilepsy, allergies, etc).
Outline the treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet

Medication/s to be administered during the excursion. Include name of medication for administration, time of administration and any possible reactions

Signature: _____ Date: _____