

## **PLUMPTON PUBLIC SCHOOL**

33 Bottles Road, Plumpton NSW 2761 T: 9832 2466 or 9832 2477 E: plumpton-p.school@det.nsw.edu.au



#### **PERMISSION LETTER**

Mt Druitt PSSA Zone Athletics Carnival Monday 2<sup>nd</sup> September 2019

12/08/2019

|                       | and Caregivers,   |   |  |
|-----------------------|---|---|--|
| Congratulations       | s! Your child has qualified to represe  | nt our school at the Mt Druitt Zone Athletics Carnival!         |  |
| WHERE:                | Blacktown International Sports Park   | , Eastern Rd, Rooty Hill  |  |
| DATE:                 | Monday 2 <sup>nd</sup> September 2019   |   |  |
|                       | Students need to be at school by 7  |   |  |
| TIME:                 | If we have students in the Relay Fin  | als, buses may not be back at school until                      |  |
|                       |   | know if this is a problem for your child.                       |  |
| COST:                 | \$10.00   |   |  |
| WHY:                  | To compete at zone level in athletic  | cs events.  |  |
|                       | All students will travel to the venue   | by bus. Parents are welcome to attend, you will be              |  |
| HOW:                  | able to transport your child home from the venue at the end of their final event if you |   |  |
|                       | wish to (please see Mrs Pumipi to s   | ign your child out).  |  |
| SUPERVISION:          | Mrs Serena Pumipi   |   |  |
| CLOTHING:             | Students must wear the school sports uniform: black shorts, school hat (the school hat  |   |  |
| CEO1111140.           | must be free of rips and graffiti) and running shoes.                                   |   |  |
| OTHER:                | Spikes are permitted for all running events – except for the 800m. Spikes must only be  |   |  |
|                       | worn on the track.  |   |  |
|                       |   | creen and bring a water bottle. Students are advised            |  |
|                       | or <mark>recess a</mark> nd <mark>lunch</mark> in their school ba                       | ***************************************                         |  |
| If you need to d      | ontact your child urgently, please pl   | ione the school on 9832-2466 or 9832-2477                       |  |
| Please return th      | e permission slip & health note with  | payment to the front by: Friday 23/8/19                         |  |
| Yours sincere         | lv.   | Ma 1  |  |
| Mrs S Pumip           |   | As M Larkin   |  |
| Co-ordinato           | r P   | Principal 7   |  |
| Please contact        | Mrs Pumipi if you have any questions i  | regarding this event.   |  |
| 1 give permission     |   | of class:   |  |
|                       | t Druitt Zone Athletics Carnival  | on: Monday 2 <sup>nd</sup> September 2019                       |  |
| · · ·                 | an amount of: \$10  |   |  |
| -                     | <del></del>   | e with the school discipline code may have their application to |  |
| attend this excursion | on/event declined (b) Self-discipline and high  | n standards of behaviour are expected at all times and (c) If   |  |
|                       |   | ntacted to collect their child from the venue.                  |  |
| I understand tha      | it in order to participate; all students n  | nust travel to the venue by bus.                                |  |
| Please list any m     | nedical conditions or allergies:  |   |  |
|                       | at my child will receive medical treat  | ment in the case of an emergency.                               |  |
| Parent/Caracius       | or name (please print):   | Cignod  |  |
| rarent/Caregive       | er name (please print):   | Signed:   |  |
| Contact numbe         | r (in case of emergency):   | Date:   |  |



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PLUMPTON EDUCATION COMMUNITY

### STUDENT HEALTH NOTE

# MT DRUITT ZONE ATHLETICS CARNIVAL – Monday 2<sup>nd</sup> September 2019

#### PLEASE PRINT ALL INFORMATION

| We the Property of the Control of th |  |   |
|--|--|---|
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|  |  |   |
| f your child requires medication   | on during the day, please give o   | letails   |
|  |  |   |
|  |  |   |
|  |  |   |
|  | Class:   |   |
|  | Class:   |   |
| Student's name:  |  |   |
| Student's name:  |  | Relationship to child:  |
| Student's name:  Simergency contact details  Parent/Caregiver name:  | Class:   |   |
| Student's name:  Imergency contact details Parent/Caregiver name: Parent/Caregiver name:   | Phone number:  | Relationship to child:  |
| Emergency contact details Parent/Caregiver name: Parent/Caregiver name: Other emergency contact: In the event of an emergency,   | Phone number:  Phone number:  Phone number:  I give the teachers of Plumpton | Relationship to child:  Relationship to child:  Relationship to child:  Public School my permission to seek |
| Emergency contact details Parent/Caregiver name: Parent/Caregiver name: Other emergency contact: In the event of an emergency,   | Phone number:  Phone number:  Phone number:                                  | Relationship to child:  Relationship to child:  Relationship to child:  Public School my permission to seek |

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about students who are currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Plumpton Public School. It will be used by the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

A failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information provided at any time by contacting the school office.