



## EXCURSION INFORMATION

<b><u>Name of Excursion</u></b> Northside Cross Country Carnival	<b><u>Date of Excursion:</u></b> 25/5/17
<b><u>Venue:</u></b> Stromlo Forest Park	<b><u>Times:</u></b> The first race will start at approximately 12 noon. There will be no staff supervision before 11:30am and after 2:30pm Please ensure that you pick your child up by 2:30pm
<b><u>Transport:</u></b> Parents will need to transport their child to the event and take them back. If this is not possible a note outlining an alternate arrangement will need to be supplied	<b><u>Accompanying Staff:</u></b> Scott Dziubinski And Andrew Roe
<b><u>Equipment Required:</u></b> <ul style="list-style-type: none"><li>• School SHAPE shirt</li><li>• Hat</li><li>• Drink bottle</li><li>• food</li></ul>	<b><u>Other information</u></b> The entry fee is \$8.00 to be paid at the front office Please look at the program to see when your child's race is on.

The accompanying staff member/s will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should inform children of the risk to themselves, to others and property, of impulsive, wilful or disobedient behaviour. All students attending will be expected to give their full commitment to ensuring that the excursion is enjoyable, safe and successful for everyone concerned. We expect that the students behave responsibly at all times, and that ***any misconduct will be treated seriously and may require offending students to be sent home at the cost to the parents / guardians.***

Parents are more than welcome to attend sporting events as spectators, but may assist only when invited to by a school representative.

A Medical Information Form & Permission Note is enclosed. Please complete and return them to school as soon as possible.

***The following are the recognised players' Code of Conduct that students should be aware of:***

- Be a good sport.
- Play for enjoyment.
- Work hard for your team as well as yourself.
- Treat all teammates and opponents, as YOU would like to be treated.
- Play by the rules.
- Control your behaviour on and off the field.
- Learn to value honest effort, skilled performance and improvement.
- Cooperate with your coach, officials, teammates and opponents.
- Respect and abide by officials' decisions.

**Phil Beecher**  
School Principal

**Graeme Lambert**  
SHAPE Executive

# PERMISSION NOTE and MEDICAL INFORMATION

*Please return this sheet, filled out front and back and with appropriate signatures as soon as possible*

I give permission for my child / ward .....

To participate in the Northside Cross Country carnival

On 25/5/17

I have read the attached information regarding this excursion and understand what it contains.

**Full name of Parent/Guardian** (please print) .....

Contact telephone Nos – Business hours:                      After hours                      Mobile:

**Signature of Parent/Guardian** ..... **Date** .....

**Medical concerns the teacher needs to be aware of for the day:**

.....  
.....  
.....

If your child suffers any of the following an emergency treatment plan must be provided. Proforma plans are available from the school (NB. Without an emergency treatment plan the school can only provide first aid treatment:

- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies   | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hay fever       | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> asthma      | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> bed wetting | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |

**Consent to medical attention.** In the case of an emergency, I authorise the school, where it is impracticable to communicate with me, to arrange for the student to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and drugs while the student is on the camp/excursion/outdoor adventure activity.

Signed: .....

Parent/Guardian..... Date:

I ..... (Student) have read and understood the code of conduct and agree to represent the school, my peers and self in a respectful manner.

**Full name of student** (please print).....

**Signature of Student** ..... **Date** .....