



# Woy Woy South Public School

The School Mall, Woy Woy, NSW, 2256  
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Principal: Mr Matt Barr



## Primary 3-6 Athletics Carnival 2018

**Venue:** Adcock Park, Pacific Hwy, West Gosford, Athletic Field

**Date:** Friday, 3 August 2018 (wk. 2) (Back up date Wed 8 August)

**Depart & Arrival time:** **Depart School:** 9am **Return to school:** 2:20pm approx.

**Students involved:** Year 3-6 students

**Cost of excursion** \$5

**Travel:** Please indicate Bus or Private transport

**The supervising Staff Member with Emergency Care & CPR Training is:** Year 3-6 Staff

**Additional information:** Students are required to bring their own recess, lunch and drinks. Canteen facilities are available.

❖ **Written permission must be provided if a student wishes to leave with a peers' Parent/Guardian.**

Mr Lincoln  
Sport/Excursion Coordinator

Mr Barr  
Principal



## Primary Athletics Carnival - 2018

*Please return to **the class teacher** by Tuesday, 31 July 2018*

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the Athletics carnival on Friday, 3 August 2018 held at Adcock Park, West Gosford. **(I understand that travel will be by bus or private transport).** (Back up date Wednesday, 8 August 2018).

- ☐ I will be transporting my child to and from the Athletics carnival.
- ☐ My child will be catching the bus to and from the Athletics carnival.
- ☐ My child will be competing in the 800m event. I understand that it is my responsibility to ensure my child is at Adcock Oval prior to 8:30am.

**We are in need of volunteers for various jobs on the day. Please tick the next box if you are able to assist us.**

- ☐ I am able to assist students and staff with the carnival on the day
- ☐ I give permission for my child to be photographed for the newsletter.

**PLEASE COMPLETE THE MEDICAL FORM ON THE BACK.**

\_\_\_\_\_  
Parent/Carer Name

\_\_\_\_\_  
Parent/Carer Signature

\_\_\_\_\_  
Date

## MEDICAL INFORMATION FORM

Student Name: \_\_\_\_\_

**In Case of Emergency contact details:**

Name: \_\_\_\_\_ Ph no: \_\_\_\_\_

Name: \_\_\_\_\_ Ph no: \_\_\_\_\_

**List existing medical conditions/ illnesses (inc Diabetes, Asthma, epilepsy etc.) special needs or any special dietary requirements.**

**If you require more room, please attach any relevant documentation.**

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**Medications to be administered during the excursion (include name of medication, dosage & instructions):**

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\_\_\_\_\_  
Parent/Caregiver Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date