Dear Parents,

Your child is a member of the Division Athletics team after successfully winning their event or being placed first or second in an individual event at the District Athletics Carnival earlier this year. Please read the following details regarding the activity and sign and return the permission slip, by the designated date.

Please note: Your child will only be able to participate if we receive a signed permission form by the due date. Phone permission is not acceptable.

**Division Athletics Carnival – Wednesday 5th October 2016**

The Division Athletics Carnival will be held at the Knox Athletics Track on Wednesday 5th October 2016.

Your child will be competing in the ___________________________.

Please refer to the timetable attached for your child’s event timetable. Parents are reminded that these times are approximate and students should be at the track 30 minutes before the scheduled time of the event. Students are required to bring their packed lunch and a cold drink. Please come prepared for all weather conditions.

Parents will need to arrange for transportation of their child to and from the event. Parents will be responsible for the supervision of their child during this event. Asthma sufferers to ensure they have medication with them.

<table>
<thead>
<tr>
<th>Classes involved:</th>
<th>Eligible Grade 3, 4, 5, 6 Students</th>
<th>Date of Excursion:</th>
<th>Wednesday 5th October 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Arrangements:</td>
<td>Parent driven cars</td>
<td>Cost per child:</td>
<td>$7.00 To be returned with the permission form</td>
</tr>
</tbody>
</table>

Return Permission Slip no later than: Wednesday 14 September 2016

Signed:…………………………….... Signed:……………………

Mr Jason Webb
(Physical Education Teacher) Ms Julie Morris
(Acting Principal)
Permission Form

DIVISION ATHLETICS CARNIVAL

Please return by: 14/9/16

Please complete the relevant box below:

I give permission for my child _______________________________ in grade __________ to participate in the Division Athletics Carnival on Wednesday 5th October 2016. I understand that I will be responsible for the transportation and supervision of my child at this event.

<table>
<thead>
<tr>
<th>I am unable to transport my child __________________________ in grade _____ to this event but I give permission for _______________________________ to transport and supervise my child on Wednesday 5th October 2016 at the Division Athletics Carnival.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s/Guardian’s Signature: ...............................................Date:......................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I am unable to transport my child __________________________ in Grade __________ to this event and give permission for Mr Webb or Mrs Morris to transport my child to the event and be supervised by Mr Webb at the event on Wednesday 5th October 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian’s Signature: ........................................ Date:___________________</td>
</tr>
</tbody>
</table>

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner;
- Administer such first aid as the teacher in charge may judge to be reasonably necessary.

(Parents of asthmatic children should ensure that they have all necessary medication with them).

Emergency Contact phone number on the day: ........................................Name: ...................

Parent’s/Guardian’s Signature: ..................................................Date:........................

I enclose $7.00 as payment for entry into this event for my child  Yes/No