



NOTICE OF ACTIVITY

<p>Details: Selected Students only</p> 	<p>Knox Division Rugby League Gala Day <u>Students will need to take:</u> water bottle, healthy snack & lunch, waterproof jacket. <i>**If your child has asthma, please ensure she is carrying asthma medication on the day.</i> <i>Students will be given a school sports top to wear on the day however will need to provide their own shorts/track pants and runners/football boots to play in.</i> <i>Appropriate levels of behaviour and respect are to be shown to all involved in this event.</i> MOUTHGUARDS ARE COMPULSORY Melbourne Storm Development Coaches will be on hand to provide tackle coaching and game refreshers for all teams in the morning of the event. <i>Any queries regarding this event – please contact Mr. Thomas</i></p>
<p>Date:</p>	<p>Wednesday 20th September 2017</p>
<p>Destination:</p>	<p>Kings Park, Willow Avenue, Upper Ferntree Gully</p>
<p>Travelling Arrangements:</p>	<p>Seat belted bus</p>
<p>Departure from School time:</p>	<p>9.00am</p>
<p>Return to School time:</p>	<p>2.45pm</p>
<p>Staff member(s) responsible:</p>	<p>Mr Thomas</p>
<p>Cost:</p>	<p>\$7.00</p>
<p>Payment & return of form:</p>	<p>No later than Thursday 14th September</p>
<p><i>Please pay by the due date to ensure your child's attendance in this activity. Please note this activity is NOT covered by the Excursion/Incursion levy.</i> <i>If paying via Qkr!, the permission form can also be completed at time of payment, otherwise please complete & return the form below.</i> <i>Preferred method of payment is via the Qkr! app.</i></p>	

Please detach along broken line BELOW.

LYSTERFIELD PRIMARY SCHOOL – Knox Division Rugby League Gala Day

Parents please sign and return this permission form to school **BY Thursday 14th September 2017.**

STUDENT'S NAME: _____ **GRADE:** _____

I give permission for my child to attend the activity to Kings Park Upper Ferntree Gully, on Wednesday 30th September 2017. In the event of illness or injury to my child, I authorise the teacher in charge of the activity, where it is impracticable to communicate with me, to consent to emergency medical arrangements / treatments on my behalf, as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and operations. I agree to pay all medical, hospital, ambulance and other expenses incurred on behalf of my child.

Medical information concerning my child the teacher should know:

My phone contact information DURING the day, in case I need to be contacted whilst my child is attending this activity:

Signed: _____

Date : ____/____/2017

Parent / Guardian

- () I have paid via Qkr!
- () I wish to use any outstanding credit or CSEF