SUNBURY SCHOOLS SUMMER SPORT CARNIVAL

Purpose: To take part in the annual Sunbury Schools Summer Sports Carnival. Students will be competing in teams in Volleyball, Basketball, Cricket and Softball

Dates / Time: Friday 5th September, with backup day on Tuesday 16th September

Venue: Sunbury Athletics Track - Cricket, Boardman Reserve - Softball Grounds and Boardman Stadium – Basketball and Volleyball

Transport: Students will travel by bus to and from the venue departing Killara at 9.00am and returning to school at approx. 2.30pm – 3.00pm

What to bring: Students to wear appropriate clothing for their event and ensure they have a school jumper and protective jacket if the day is forecast to be cold. Students need to bring their lunch, snack and drink bottle of water (no glass or cans please).

Cost for Sunbury Schools Summer Carnival - $6.00 (to cover transport costs)

Andrew Pizaro
(PE/ Sports Coordinator)

Phil Clinkaberry
(Principal)

Event- Summer Sport, Friday 5th September (Backup day Tuesday 16th September)

Students Name: ________________________________

Sport your child is participating in ____________________

Date of birth: __________________

Medication information
Please complete if the student is currently taking medication and will need to take that medication on this excursion.

<table>
<thead>
<tr>
<th>NAME OF MEDICATION</th>
<th>METHOD</th>
<th>WHEN, &amp; HOW MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Eg. Ventolin)</td>
<td>( eg. puffer held by student)</td>
<td>(eg. 2 puffs when required)</td>
</tr>
</tbody>
</table>

I hereby give permission for my child to participate in the above event or backup day event.

Where accident or injury occurs, I authorise the teacher in charge to consent, where it is impracticable for me to be contacted, to my child receiving such medical or surgical treatment as may be deemed necessary for their well-being. (NB. The school does not provide accident insurance cover for students. Parents are advised to seek cover, if desired)

Signed, Parent/ Guardian: ___________________________ Date: ________________

Emergency Contact Number (on the day): ________________