



3-6 ATHLETICS CARNIVAL

Dear Parents/ Caregivers,

The annual Years 3-6 Athletics Carnival will be held on **Monday 2nd June** at Blacktown International Sportspark, Rooty Hill. All children from Years 3-6 are expected to attend. Buses have been arranged to transport the children to and from the oval.

Date: Monday 2nd June, 2025

Venue: Blacktown International Sportspark, Rooty Hill

Times: **Depart School** - 9.30am **Return to School** - approx 3.00pm

Travel: Bus – We strongly encourage all children to catch the bus to and from this event.

Dress: Sports uniform or house colours and sport shoes should be worn.
Please note – Shoes must be worn at all times.
Running spikes may be worn in sprint events only.

***** **HATS and SUNSCREEN MUST BE WORN*******
***** **Please bring a warm jacket*******

Lunch and Recess: Students will need to bring their own **lunch** and **recess**.
It is important for students to bring water to drink.
(Canteen may be available with payments by cash or debit card)

NO GLASS BOTTLES please

Total Cost: \$16.00 per student

Wet Weather: If the carnival needs to be postponed due to wet weather it will be held on ***Tuesday 10th June or Monday 16th June*** at Charlie Bali Reserve, Doonside.

The permission slip will cover all dates.

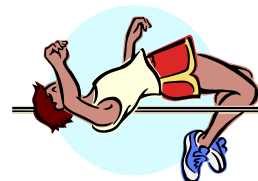
PLEASE NOTE

Please complete either of the following-

1. Complete the attached permission note and return it with the money to the office by Friday 30th May 2025.
OR
2. Pay online through School Bytes and complete the online permission.

Mr A Bowmer
Principal

Mr S Emerson & Mr P Lee-Eyles
Co-ordinating Teachers



Athletics Carnival Permission note:

I give permission for my child _____ of class _____ to attend the 3-6 Athletics Carnival to be held at Blacktown International Sportpark, Rooty Hill on Monday, 2nd June 2025 (***Tuesday 10th June or Monday 16th June*** due to wet weather at Charlie Bali Reserve, Doonside). I understand that my child will be travelling by bus to and from the carnival and that this activity has the approval of the Principal.

☐ I understand that there is a cost of \$16.00 for the bus.

Medical Information (If required):

Please indicate if your child has a medical condition that may affect their participation at the carnival.

My child _____ will require _____
_____ (medication) at _____ (time).

My child suffers from _____ (medical condition) and will have
_____ (medication) with them on the day.

Department of Education Mandatory Statements:

I acknowledge:

- If my child is diagnosed with a concussion at any time. I will inform the school and provide medical clearance to support their return to sport and physical activity.
- If my child experiences a suspected concussion during a school activity, they will be removed from the activity and a medical follow-up will be required.
- If my child experiences a suspected concussion during a school activity, they will not be able to participate in any sport related activities at school until a medical clearance is provided to the office.
- If no medical clearance is provided, students will not be permitted to participate in vigorous or competitive sport for 21 days from the concussion date.
- In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff.
- The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance for my child.

PLEASE TURN OVER TO SIGN PERMISSION NOTE

Accident insurance information:

In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

Concussion Management:

When a student enrolled in a government school is diagnosed with concussion, the principal must be advised in writing as soon as the diagnosis is confirmed. Students may only return to sport and physical activity once a medical clearance has been provided to the school and, if at a school sport event, to the supervising teacher.

Any student that experiences a suspected concussion during a school endorsed activity, will be removed from the activity and parents/carers will be advised that a medical follow-up is required.

If medical clearance is not provided, the student cannot participate in vigorous or competitive school sport or physical activities for 21 days from the concussion date.

Medical Declaration:

I acknowledge that:

- my child has no medical condition or injury that places them at risk by participating in this activity/event.
- my child will receive first aid or medical care during the activity/event, if required.
- the NSW Ambulance Schools and Group Cover Scheme 2024 (ASGCS) is an insurance policy that provides coverage for emergency ambulance services to NSW public school students attending approved, fully supervised school activities.

Signed: _____ (Parent/Guardian) Date: _____

PLEASE INDICATE PAYMENT METHOD –

☐ Cash - \$16

☐ EFTPOS (at the office before 2.30pm)