

Lea Avenue Wamberal NSW 2260 P: 02 4384 1111 F: 02 4385 2478 E: Wamberal-p.school@det.nsw.edu.au

## Cross Country Consent Form

28 March 2023

Dear Parents and Carers,

An excursion, performance or activity has been organised for your child. The information is as follows:

Title	has been organised for your child. The information is as follows:  Wamberal Public School Cross Country Carnival 2023
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Brief Description	Students from Years 2 to 6 are invited to participate in the school cross country carnival.
Venue	Wamberal Public School
Day and Date	Thursday 27 April 2023 In the event of poor weather, the event may be postponed to Tuesday 2 May 2023. Details will be communicated via Skoolbag App. Permission notes are due by Thursday 6 April 2023.
Time	Students arrive to school as per normal routine.
Group / Year / Classes involved	The races will be run in the following order:  • 12/13yrs  • 11yrs  • 10yrs  • 8/9yrs  The first race will begin at approximately 9:45am, with each race beginning every 20 - 30 mins (excluding lunch and recess breaks)  Please be aware that whilst all students in Year 2-6 are eligible to compete in the WPS Cross Country, it is a requirement of Tuggerah Lakes Zone that competitors must be turning 8 in 2023.
Cost	There is no cost for this event.
Accompanying staff	Teachers from Year 2 to 6.
Staff member with CPR/emergency care training	All teachers attending
Dress requirements	School all-purpose uniform, including school hat. All clothing should be clearly labelled with your child's name.
Other requirements	It is essential that every child brings a drink bottle filled with water, suitable running shoes, and ample sunscreen.
Behaviour	Student behaviour is considered when assessing the risk of excursions and extra-curricular events for the health and safety of all students and staff. Students must behave appropriately at all times on excursions. The student behaviour policy applies for the duration of this event.
Organising Teacher	If you have any questions or require further information regarding this event, please contact the organising teachers: Tom Cooper and Mitch Stone at school on 4384 1111.

Please complete the attached permission note and medical information and return to classroom teacher by Thursday 6 April 2023

## Wamberal Public School Excursion, Performance and Activity Consent Form

**Privacy Note:** The information provided below is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about the student who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Wamberal Public School.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

## TITLE OF EXCURSION, PERFORMANCE OR ACTIVITY: Cross Country Carnival ORGANISING TEACHER: Mitch Stone and Tom Cooper Permission note due by 6 April 2023

General Permission Details		Please tick						
consent to of Class			participating in			g in		
Wamberal PS Cross Country Carnival on Thursday 27 April 2023 (or adverse weather back up date Tuesday 2 May 2023).			Yes		l	No		
I consent to the travel arrangements for this event.			Yes		l	No		
There is no cost for this event.								
I give permission for my child to receive medical treatment in case of emergency.			Yes		1	No		
Health Care Needs								
When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the event, parents are responsible for:  • bringing this need to the attention of the school, including completing a written request to administer medication (forms are available on the school website);  • ensuring that the information is updated if it changes;  • supplying the medication and any 'consumables' necessary for its administration in a timely way;  • ensuring the medication is well within its expiry date; and  • collaborating with the school in working out arrangement for the supply and administration of the prescribed medication for the duration of the event.  For some events, the school will ask parents to supply the medication in a different way to what has already been agreed by the school. For example, parents may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen® /Anapen ®).  For asthma and anaphylaxis it is important for students to have immediate access to their medication. Please consider whether your child should carry their own EpiPen ®, Anapen® or asthma reliever medication while at school. Permissions for students to carry their own asthma or anaphylaxis medication can be downloaded from the school website.								
My child has a Health Care Plan at school.		ı Y	es		No	)		
My child has the following special needs (please provide full details and include any relevant medical details)  Parent / Carer Details								
Name:	Contact Number on the da	ay: _						
Signature	Date:							