



TWEED DISTRICT PSSA TRACK & FIELD CARNIVAL
Walter Peate Oval, Kingscliff
9.30am to 2.30pm Friday 2nd August 2019

Dear Parent/Guardian,

Your son/daughter has been selected to attend the Tweed District Athletics Carnival on Friday 2nd August 2019. All track and field events will be held on this day.

The venue is Kingscliff Little Athletics Field at Kingscliff.
Canteen facilities will be available on the day.

Cost: \$10.00 per student carnival levy.

Travel: Bus – all students to come on the bus unless parents notify otherwise.

A number of CPS staff with emergency first aid training will be present.
Please ensure that your child has appropriate sun protection, medications and is wearing their school uniform.

Please complete the note attached and return to school by Wednesday 31st July along with \$10 levy.

Amber McEwan
Sports Coordinator

Rod Cornelius
Principal

Tweed District Athletics Carnival

Date: Friday the 2nd of August 2019

Venue: Walter Peate Oval. Kingscliff

PARENTAL CONSENT FORM

I hereby consent to my **son/daughter**

D.O.B./...../..... of **Primary School** to participate in the Tweed Athletics Carnival to be held at Walter Peate Oval, Kingscliff on Friday the 2nd of August, 2019 involving travel by Private Transport/Bus.

Levy: \$10

MEDICAL INFORMATION

My child's Medicare Number is

Please provide any information concerning your child's medical history that the Team Manager should know in the event of an injury or accident, e.g. allergies, medication

.....

Date of last Tetanus Injection

Asthma ☐ Anaphylaxis ☐ **NB: Students are responsible for bringing own medication.**

In the event of an accident or injury, I give full permission for the Team Manager to seek medical attention, allow the administration of anaesthetic by a doctor, and consent to the hospitalisation of my child, if deemed necessary.

"The personal information provided on this permission note, will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your school at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the team management.

Please be aware that the media exposure at this event may result in your child's name, school details and/or photograph appearing in a Newspaper, on television or on websites including the School Sports Unit website at: **www.sports.det.nsw.edu.au**

If you have any concern with this occurring, please contact the team management immediately.

Signature of Parent/Caregiver: **Date:**/...../.....

Home Address:

HomePhone:

Work Phone: **Mobile:**

PRINCIPAL'S APPROVAL

This is to certify thatD.O.B./...../.....

is a student enrolled at this school and is hereby given permission to participate in sporting activities organised by the Tweed/Murwillumbah PSSA.

Signed: Date:/...../.....

Please note:

This Consent Form and Levy payment must be returned to your child's school.

Schools nominations should be emailed to; Jennifer.warren@det.nsw.edu.au