



KENT ROAD PUBLIC SCHOOL

31st April 2019

School Cross Country Carnival

Dear Parents and Carers,

On **Tuesday 21st May 2019** students in **Years 3 to 6 plus students in Year 2 who were born in 2011** will take part in the annual cross country carnival. Students will race in the following boys and girls age categories.

- 8/9 years – 2km course
- 10 years – 2km course
- 11 years – 3km course
- 12/13 years – 3km course

The students will walk to and from **ELS Hall** departing school at **9:30am** and returning to school by **2pm**.

Students are to wear **sports uniform** and will need to **bring a hat, shoes for running their recess and lunch**.

Please note that students **can order lunch from the canteen** on that day.

There is no cost for this event.

Should you have any questions and concerns please speak to your child's class teacher.

Kind Regards,
Mr Harrison, Miss Grealy, Miss Lyes and Mr McGhee

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Detach and return this signed consent form to your child's class teacher by **Friday 17th May 2019**.

School Cross Country Carnival

I give permission for _____ in class _____ to attend the school cross country carnival on Tuesday 21st May 2019. I understand the children will **walking** to and from ELS HALL Oval and will be supervised by teachers at all times.

I understand that my child will receive medical treatment in the case of an emergency.

IMPORTANT NOTE:

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school
- Ensuring that the information is updated if it changes
- Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen®) for example.

Signature

Date