



## St Patrick's Parish School, Cooma Notification of an Excursion

Dear Parents/Guardians

The School would like to inform you of an excursion that has been arranged for your child's participation. The details are as follows:

<b>Title of Excursion and Area of learning</b>	Archdiocesan Athletics Representative Sport	
<b>Purpose for the excursion</b>	To provide students the opportunity to represent the school in competitive athletics	
<b>Date/s of excursion</b>	Tuesday 21 August, 2018	
<b>Destination</b>	AIS Athletics Track, Bruce, ACT	
<b>Supervising Teacher/s</b>	Tim Lawley	
<b>Time and place of departure</b>	The first event starts at 8.30am	
<b>Time and place of return</b>	The carnival will conclude at 4pm	
<b>Transportation</b>	Private Transport. Please complete that attached note.	
<b>Cost</b>	\$15 per student	Payable to the office.
<b>Special requirements or equipment</b>	Students will need food and drink for the day as there will be limited canteen facilities on the day.	
<b>Dress code</b>	Students are to wear full PE uniform with a hat and sunscreen.	
<b>Contact details</b>	Mr Tim Lawley, 6452 1721	

If you agree to your child attending this excursion, please complete the Consent Form below and return it to the School by Thursday 16 August, 2018. You are welcome to contact the School on 6452 1721, if you have any further queries.

**Frances Robertson**  
Principal

**Tim Lawley**  
Teacher in Charge



# St Patrick's Parish School, Cooma

## Archdiocesan Athletics

I \_\_\_\_\_ permit \_\_\_\_\_  
(Name of Parent) (Name of Student) (Homeroom)  
to take part in \_\_\_\_\_ on \_\_\_\_\_  
(Title of excursion) (Date of excursion)

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students.

In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the cost of an ambulance.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**PAYMENT DETAILS:** I enclose Cash/Cheque payable to St Patrick's Parish School, Cooma, OR please deduct \$ \_\_\_\_\_

from my Visa/Mastercard No. \_\_\_\_\_ Expiry: \_\_ / \_\_

Signature: \_\_\_\_\_

**QKR also available for payment method**

### PRIVATE VEHICLE FORM

I \_\_\_\_\_ am able to provide transport for  
and can provide transport for:

\_\_\_\_\_ (no. of passengers) Number of lap sash seatbelts: \_\_\_\_\_

I have a current driver's licence Yes  No  Licence No: \_\_\_\_\_

My car registration is current Yes  No  Registration No: \_\_\_\_\_

Current registration paperwork and Licence for drivers transporting children other than their own must be sighted by the Principal or delegate prior to excursion taking place. (Drivers will only have to do this the first time they drive students for the period of currency).

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ARCHDIOCESE OF CANBERRA AND GOULBURN CONSENT FORM

SPORT: ..... LOCATION: ..... DATE: .....

**STUDENT DETAILS:**

Surname: ..... Christian or Given: .....  
 Date of Birth: ..... School: .....  
 Town: ..... Home Phone Number: .....

**STUDENT MEDICAL DETAILS**  
 Please circle and explain below

Heart Problems	YES / NO	Blood Pressure	YES / NO
Respiratory Problems	YES / NO	Operations	YES / NO
Allergies	YES / NO	Recent Illness	YES / NO
Travel/Sickness	YES / NO	Drugs Required	YES / NO
Drugs Reactions (e.g., penicillin allergy)	YES / NO		YES / NO

PARENT/GUARDIAN DETAILS:  
 Surname: ..... Christian or Given: .....  
 Email: .....  
 EMERGENCY CONTACT:  
 Name: ..... Phone: .....

Explanation/Other Information? If yes please ensure all **labelled** medication is taken to event  
 Date of last Tetanus injection ..... YES / NO  
 Medicare or Medical Benefits No: .....

**PARENT/GUARDIAN CONSENT:**

As a Parent/Guardian of ..... I give my consent for him/her to participate in the ..... (nominate the event) and agree to delegate my authority to the staff and instructors involved.  
 Such teachers and instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.  
 I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above mentioned student.  
 I submit the attached medical information about the above-mentioned student and include details of limitations, which he/she has for the activities concerned.  
 I agree to pay the necessary costs levied on each competitor selected in the team.  
 I further authorise qualified medical practitioners to administer anaesthetic if such an eventually arises.  
 I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have signed the Code of Conduct and agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded from the team.

I give permission for images taken at these events of my child to be used in Catholic Education Office publications, both print and electronic.

Parent/Guardian Signature: ..... Date: .....

..... Date: .....

**CODE OF CONDUCT:**

- As a TEAM MEMBER I agree that I will
- ❖ At all times cooperate with the coach, teammates and opponents without whom we do not have a competition.
  - ❖ Work equally hard for myself and for my team.
  - ❖ Student Signature: .....
  - ❖ Be a good sport and encourage fellow team members.
  - ❖ Control my temper and make no criticism by word or gesture.
  - ❖ Follow instructions given by the team manager.
  - ❖ Remain with my team in the allocated area when not competing
  - ❖ Compete by the rules and always abide by the referees/umpires decision.

**PRINCIPAL/SCHOOL EXEC DECLARATION:**

I certify that the student listed above is enrolled at this school. I have verified that the date of birth as stated is correct. He/she has the school authority to represent on this occasion. Signed: ..... Date: .....

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