



MACQUARIE PRIMARY SCHOOL

Years P – 6

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10 May 2021

Les Baies Sullivan Shield Gala Day

Dear Families,

Your child has been selected to participate in the Belconnen 5/6 Sullivan Shield Gala Day at the Nicholls Enclosed Oval. A risk assessment has been completed and is available to view at the front office.

Where: Nicholls Enclosed Oval, Clarrie Hermes drive Nicholls

When: Tuesday 01 June 2021

Transport: Parent/Carer to drop off and pick up students from venue

Time: 9am drop off
2.30pm pick up

Accompanying Staff: Meg Signor

Emergency Contact number on excursion: 0434 751 607

Cost: \$0

Staff accompanying students on excursions will take all reasonable care while the students are in their care to protect them from injury. Parents should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. (Education Directorate Policy)

As this is an optional activity to enrich curriculum outcomes, a payment will be required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide this activity. Individual records of contributions are confidential.

Students will need to bring/wear:

- water bottle
- recess and lunch
- football boots
- a mouth guard is strongly recommended
- jumper and jacket for when not playing
- playing jerseys will be provided on the day to wear

Please return permission note by Friday 21 May.

Kind regards,

Meg Signor

Permission Note for Les Baies Sullivan Shield Gala Day

I give permission for my child _____ from

class _____ to attend this excursion on **Tuesday 01 June 2021**.

- I understand the transport arrangements involved.
- I confirm there have been no changes to my child's medical information and I understand it is my responsibility to inform the school if changes occur.

Parent Contact Information - If needed during the excursion

Parent/Carer Name:	Contact Number:
Parent/Carer Name:	Contact Number:
Parent Signature:	Date:

The Directorate collects the information contained in this form to obtain parental consent for students' participation and to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.