23rd July 2019

BASKETBALL GALA DAY

Dear Parents/ Caregivers,

Your child has been selected in the school basketball team. We will be attending the Basketball Gala Day on Tuesday 30th July, at Niagara Park Stadium.

Students will be meeting at the at 8:30am and returning to school at approximately 12.30pm.

Transport will be by private car. We are looking for parents to transport our students. Parents will be required to seat students in seatbelts and produce their current drivers licence, registration papers, working with children’s check and comprehensive insurance papers at the school office prior to travelling.

Students are to take a packed lunch and snacks.

Please ensure your child has adequate water, footwear and shorts. We will provide students with a basketball jersey.

The cost is $10.00 per student to cover referee fees and venue hire. Notes and money are to come to Mrs Tomlinson ASAP.

Yours sincerely,

Sarah Tomlinson and Jessica Harpur
Organising Teachers

Mary Hunt
Principal
VALLEY VIEW PUBLIC SCHOOL - PERMISSION NOTE
PLEASE FILL IN AND RETURN TO YOUR CLASSROOM TEACHER

BASKETBALL GALA DAY

I hereby consent to my son/daughter ………………………………………………… Year …….. Class ……..
to participate in the Basketball Gala Day on Tuesday 30th July 2019 at Niagara Park Stadium.

☐ I understand students will travel by parent transport
☐ I understand that a written permission note must be given to the organising teacher if your child is travelling
home/being picked up by another parent. Name of Parent picking up your child ……………………………
☐ I have paid $…………………… on line – my receipt number is ……………………………
☐ I understand that this permission slip will cover this event/date and any other date relating to this event that
is changed due to circumstances beyond the schools control
☐ Permission for photos / Publish (including social media) Yes / No

Parents please note there is no personal injury insurance provided by the NSW Department of Education and Training for students in relation to
school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and
extent of their child’s involvement in the sport program offered by the school, zone, area and state school sport associations when deciding
whether your child should attend, whether additional insurance cover, above that provided by Medicare, is required.

Signed ………………………………………………………………………………………………….. Date ……………………………

Parent / Caregiver

Medical Information Form – this section MUST be filled out

Parent / Caregiver details:
Name …………………………………………………………………………………………………………………
Address …………………………………………………………………………………………………………………
Phone: Home ……………………… Work ……………………… Mobile ……………………………

Medicare Number ……………………………………………………………………………………………

I do / do not give permission for my child to receive medical treatment in case of emergency

Doctor details:
Name …………………………………………………………………………………………………………………
Address …………………………………………………………………………………………………………………
Phone: Home ……………………… Work ……………………… Mobile ……………………………

Emergency Contacts: (if parents are unable to be reached)
Name ………………………………………………………………………………………………………………… Phone ………………………
Name ………………………………………………………………………………………………………………… Phone ………………………

Existing medical conditions or illnesses: (asthma, diabetes, epilepsy, allergies, etc) Outline treatment ………………………………………

Outline special dietary needs including possible reaction to inappropriate diet ………………………………………

Medications to be administered during the excursion: Include name, instructions and time for
administration and any possible reactions ………………………………………

Signature …………………………………………………………………………………………… Date ……………………………

Privacy Notice: The information provided on this form is being obtained for the purpose of safety on the excursion. It will be used by NSW DET for obtaining medical assistance if required.
Provision of this information is required by law. It will be securely stored.