



Valley View Public School

Respect, Responsibility, Personal Best

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26 May 2021

PREMIER'S DEBATING CHALLENGE – ROUND 2

Dear Parent/Carers,

The Debating Team will be travelling to Gosford Public school on Monday 31 May 2021 for Round 2 of the Premier's Debating Challenge.

We will be leaving Valley View Public School between 11:00am and 11:15am to begin the Debate between 11:30am and 11:45am.

Travel will be with a staff member in their personal vehicle.

Please complete the permission note to indicate you give permission for your child to attend the debate and travel in a staff vehicle.

Yours sincerely, _____

Sarah Tomlinson
Coordinator

Kirsty Squires
Principal

VALLEY VIEW PUBLIC SCHOOL- PERMISSION NOTE

PLEASE FILL IN AND RETURN TO YOUR CLASSROOM TEACHER

PREMIER'S DEBATING CHALLENGE – ROUND 2

I hereby consent to my son/daughter Year Class.....
to participate in the Premier's Debating Challenge, Round 2 at Gosford Public School on Monday 31 May 2021.

- I understand students will be travelling with a teacher in their private vehicle.
- I understand that there is no cost
- 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 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

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 -

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Outline special dietary needs including possible reaction to inappropriate diet -

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Medications to be administered during the excursion: Include name, instructions and time for

administration and any possible reactions -

.....

Signature Date