



Valley View Public School

Respect, Responsibility, Personal Best

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20 April 2021

SCHOOL CROSS COUNTRY CARNIVAL

Dear Parents/Caregivers,

This year we will be holding our annual School Cross Country Carnival at Alan Davidson Oval on **Wednesday 28 April**. All students from Kindergarten to Year 6 will be participating.

- Students turning 5, 6 or 7 years old this year, will participate in a 'fun run' and
- Students turning 8 years old and above will compete in the competitive Cross Country Carnival.

As this forms part of the school curriculum it is expected that all children will participate.

This year infants' students will be leaving school after the morning bell, and completing their Fun Run. At approximately 10.30am primary students will leave school and make their way down to the oval for the competitive carnival.

Children must run in their correct age group. They run in the age that they will turn in 2021. For example, if a child turns 10 at any time this year they race in the 10 year old event. Please note that 8 year olds and 9 year olds will race together according to the PSSA guidelines.

Please complete the permission note attached. If you do not want your child to participate, we will require a note excusing them from the sport. They will be walking to the oval with their class teacher and the rest of the school.

All children must bring a water bottle, hat and sunscreen for sun protection and wear a house colour shirt or school uniform and comfortable running shoes. We also advise students and parents to bring something appropriate to sit on (towel, tarp, small chair etc).

All students will be eating lunch at Alan Davidson Oval. At this year's carnival the P&C will be running a sausage sizzle. Students will have the opportunity to pre-order a sausage on a bread roll and drink for \$5.00. Parents and spectators can also pre-order their lunch for the carnival. A separate set of notes have been sent home for these orders.

The first 6 placegetters in each division from our carnival represent the school at the Brisbane Water PSSA Zone carnival to be held on **Friday 31 May, 2021**.

Yours Sincerely,

Sarah Hollingsworth
Sport Coordinator

Kirsty Squires
Principal

VALLEY VIEW PUBLIC SCHOOL- PERMISSION NOTE

PLEASE FILL IN AND RETURN TO YOUR CLASSROOM TEACHER

SCHOOL CROSS COUNTRY 2021

I hereby consent to my son/daughter Year Class.....
to participate in the School Cross Country at Alan Davidson Oval on Wednesday 28 April 2021.

- I understand students will be walking to Alan Davidson Oval with teachers.
- 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
- 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.