

Dear Parent/ Caregivers,

Sutherland Dianella Primary School Gymnastics

This term Sutherland Dianella Primary School will be offering a weekly after school gymnastics program for **PP-2** students. Gym Fun is a program focusing on fundamental movement skills and patterns that help children progress into more advanced skills or sports. All activities in Gym Fun are safe, encourage children to work with others and build self-esteem.

This term the program will run for four weeks on **Wednesday afternoons** from **2:45 – 3:45pm**.

The **first session will be on Wednesday Week 7 (15 March 2017)**.

If your child is interested in the after school gymnastics program please fill out the slip below and return it by **Friday 9 March**. There is **no cost** involved, however there are only **30 places available**.

If you have any queries regarding the information above please do not hesitate to contact me via email at Benjamin.matheson@education.wa.edu.au

Regards

Mr Matheson
Physical Education Specialist
Sutherland Dianella PS

Wednesday 8 March 2017



**Sutherland
Dianella**
Primary

Sutherland Dianella Primary School Gymnastics

MEDICAL INFORMATION AND CONSENT

Please complete the following information *relating to your child's participation* in this excursion. Tick if relevant:

Allergies Medication required

Allergy to: _____

Medication name & dose:

Asthma Medication required

Medication name & dose:

Other condition Other medication required

Medication name & dose:

MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE EXCURSION.

Permission Slip to Attend

Sutherland Dianella Primary School Gymnastics

I have read and understood the attached information regarding the Gym Fun program and I give my consent for my child.....Room to participate.

Where it is not practical to communicate with me, I authorise the teacher in charge of the incursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed.....Date.....
(Parent/Guardian)

Daytime Contact.....Mobile.....

Please complete and return by Friday 9 March 2017

