

**T20 Blast Cricket
Thursday 23 March 2017**

Dear Parents/Caregivers,

Your child _____ has been selected to compete in the interschool T20 Blast cricket tournament held at **Charles Veryard Oval, North Perth WA 6006 on Thursday 23 March**. Students will travel by bus, leaving school at **8:40 am** and return by **3:00 pm**.

Your child will require a broad brimmed school hat, morning tea, lunch and a water bottle. Please ensure your child wears his/her school tee shirt. All students must compete in sports shoes.

Please sign and return the slip below to your child's teacher before **Monday 20 March** giving permission for him/her to travel by bus and attend the interschool carnival. The cost of the bus will be **\$10.00** per student. If there are any changes that need to be made to your child's health form please contact me.

Ben Matheson
Physical Education Teacher
Benjamin.Matheson@education.wa.edu.au

14 March 2017

Sutherland Dianella Primary School

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ABN: 12 345 678 912

MEDICAL INFORMATION AND CONSENT FOR EXCURSION

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

I have read and understood the attached information regarding the excursion to Tranby House on Thursday 4 May 2017. Please find enclosed **\$10.00** and give my consent for my child _____, Room _____ to travel by bus to the excursion.

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 enclose signed form in attached envelope and indicate method of payment.

If Payment By Direct Debit PLEASE ensure that your child/children's name is in the description field.

Bank Details - Commonwealth Bank
Sutherland Dianella Primary School
BSB: 066 040
Account Number: 1990 3549