

## SDPS Interschool Tennis Thursday 2 March 2017

Dear Parents/Caregivers,

Your child \_\_\_\_\_ has been selected to compete in the interschool tennis hot shots competition held at **176 Fitzgerald St, North Perth WA 6006 on Thursday 2 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 (navy and teal). All students must compete in sports shoes.

Please sign and return the slip below to your child's teacher before **Monday 27 February** giving permission for him/her to travel by bus and attend the interschool carnival. The cost of the bus will be **\$7 per student**. If there are any changes that need to be made to your child's health form on the day, please contact me.

Ben Matheson  
Physical Education Teacher  
[Benjamin.matheson@education.wa.edu.au](mailto:Benjamin.matheson@education.wa.edu.au)  
20 February 2017

**Interschool Tennis  
2 March 2017**

**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  
Interschool Tennis**

I have read and understood the attached information regarding the excursion to the interschool tennis competition 2 March 2017. Please find enclosed \$7 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 .....  
(Parent/Guardian)

Date .....

Daytime Contact .....

Mobile .....

**METHODS OF PAYMENT**

Payment can be made in one of the following ways:

- Cash/Cheque direct to the class teacher
- EFTPOS through the school office
- Direct deposit to the school bank account

**Bank Details:**

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

***If using the direct deposit method please ensure that your child/children name in the description field***