



Carrum Primary School 3385

Walkers Road, Carrum 3197

Telephone: 9772 1117

Facsimile: 9776 1586

Date: 14/02/17

Dear Parents,

Grade 5/6 students will begin inter school sport on Friday the 17th of February. Due to the large numbers of students in grade six this year, only grade six students will attend away games. The grade five students will remain at school and participate in team sports. This notice is giving your child permission to attend inter school sport throughout term 1. The dates and locations of these days are listed in the table below. When playing at another school your child will be required to pay \$7 for the cost of the bus, however, if they are playing lawn bowls they will incur a cost of \$5 each week. Please ensure that the funds for away games are paid by the Wednesday prior to the game, or students will be unable to attend.

Date	Location
Friday 17 th February	Carrum Primary School/Roy Dore Reserve/Carrum Bowls Club
Friday 24 th February	Carrum Primary School/Roy Dore Reserve/Carrum Bowls Club
Friday 10 th March	Patterson Lakes Primary School/Roy Dore Reserve/Carrum Bowls Club
Friday 17 th March	Cornish College/Carrum Bowls Club

Kind regards,

Zac Vansittart



I give permission for my child, _____ in grade _____ to attend inter school sport on the following dates and at the following locations:

Date	Location
Friday 17 th February	Carrum Primary School/Roy Dore Reserve/Carrum Bowls Club
Friday 24 th February	Carrum Primary School/Roy Dore Reserve/Carrum Bowls Club
Friday 10 th March	Patterson Lakes Primary School/Roy Dore Reserve/Carrum Bowls Club
Friday 17 th March	Cornish College/Carrum Bowls Club

My child has the following medical condition / **allergy* _____

and requires the following medication _____

**If your child is anaphylactic please provide an Anaphylaxis Action Plan and EpiPen to the teacher attending inter school sport.*

Dosage Requirements: _____

My child is allergic to the following drugs _____

Where the teacher in charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Name: _____ Relationship: _____

Contact Number: _____ Mobile: _____

Please indicate if you are using CSEF Y/N