



Carrum Primary School 3385

Walkers Road, Carrum 3197
Telephone: 9772 1117
Facsimile: 9776 1586

Date: 27/04/18

Carrum Cross Country

Dear Parents,

- **Leaving from Carrum PS at:** Senior School – 9.15am Junior School – 10am
- **Returning to Carrum PS at:** 12.15pm
- **Method of Transport:** Walk
- **Cost:** No cost
- **Permission Slip and payment to be returned to Office by:** 02/05/18
- **Please bring the following:** house colours, hat, sunscreen, drink bottle

ORDER OF EVENTS

1. 12/13B
2. 12/13G
3. 11B
4. 11G
5. 9/10B
6. 9/10G
7. Prep Boys
8. Prep Girls
9. Gr 1 Boys
10. Gr 1 Girls
11. Gr 2 Boys
12. Gr 2 Girls

On Friday 4th of May, students from Carrum Primary School will participating in our annual Cross Country event at Roy Dore Reserve. Students from 3-6 will be arriving and competing first. This will be followed by students from prep -2.

Kind regards,
Zac Vansittart

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I give permission for my child, _____ in grade _____

to attend Cross Country on Friday the 4th of May at Roy Dore Reserve.

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 the excursion.***

Dosage Requirements: _____

My child is allergic to the following drugs _____

Where the teacher in charge of the excursion 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: _____