The National Rugby League Development Team has invited us to an oztag gala day for students in Years 5&6. This is a free event. However, transport will need to be arranged privately. During our Gala Day each participating team will be placed in a pool and compete in a round robin format where you will be guaranteed at least three games. Schools invited to participate are local schools from around Macquarie and surrounding areas. The day is aimed at participation and fun in a non-competitive environment. Please note that this is a mixed gala day and you must have 8 players on the field at all times, 4 Girls and 4 Boys.

Date: Thursday 26th, November.
NOTE: THIS IS THE DAY OF OUR CONCERT PERFORMANCE AT NIGHT. IF YOU DO NOT THINK YOUR CHILD CAN HANDLE BOTH EVENTS IN A DAY, PLEASE DO NOT SEND THEM.

Venue: Wangi Oval, Wangi
Transport: Privately organised
Time: 9:30am – 2:30pm
Cost: Free
Numbers: 8 players on the field, (4 boys & 4 girls on the field at a time)
Maximum of 12 players per team/squad
Equipment: Belts, Tags and footballs will be supplied on each field
Age: Years 5/6
Canteen: There will be a canteen available on the day

Ricki Metcalfe

Medical Disclaimer
Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, zone, area, and state school sport associations when deciding whether additional cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

(Please hand in your note to the office by Friday 20th November)

I give permission for my child ___________________ to participate in the oztag gala day held on Thursday 26th November. I understand that transport will need to be organised privately.

My child will be picked up and signed out by ________________________________ by 2:30pm.

Signed ________________________________
DAY TRIP MEDICAL FORM

Parent/Guardian should complete this form accurately as it will be taken on the excursion and will be the basis for contact or action in the event of emergency.

Childs Name: ................................................................. Class: ...............  
Home Address: ....................................................................................  
Telephone No: .......................................................................................  
Another Contact: (In the case of no parent/guardian at home.)  
Name: ........................................................................................................  
Address: ....................................................................................................  
Telephone No: ...........................................................................................  

MEDICAL

In the event of an emergency can a Doctor be consulted? YES / NO  
Ambulance used? YES / NO  
Does your child have any Medical Condition we should be aware of? YES / NO  
(If yes, details please) ...................................................................................

Is your child allergic to any drugs or bites? YES / NO  
(If yes, details please) ..................................................................................  

Is your child taking any regular medication? YES / NO  
(If so, please detail medicine and reason for administration)  

NOTE: Children taking regular medicine should hand some to a supervising teacher in a container clearly labelled with name and, if necessary, details for administration. Supervising teacher will ensure medication is taken.

Date of child’s last tetanus injection: ....................................................  
Medicare No: ................................................................................................  

Signed: ................................................................................. (Parent/Guardian)  Date: ___ / ___ / 2015