Soccer gala day

As previously expressed, on Thursday 12th November we are taking teams to a 6-a-side soccer gala day. It will be held at the new soccer complex at Speers Point. **The cost is $6 and will require private transport. The students will need to arrive from 9:30am and be picked up at 2:00pm.** We are able to provide some shin pads to those students who require them but it would be appreciated if they could let us know before the day. Students will need to bring food (also a canteen available), water and sunscreen. They are required to wear school sports uniform on the day and soccer boots.

______________________________________________________________

(Please return to office by Wednesday 11th Nov)

I give permission for my child ____________ to participate in the soccer gala day on Thursday 12th November. I understand the cost will be $6 and private transport will need to be organised.

They will be picked up by _________________ at 2pm.

Signed __________________
CONFIDENTIAL

Arcadia Vale Public School

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.

Child’s Name: ................................................................................ Class: ............................

Home Address: ................................................................................................................................

Telephone No: ..........................................................................................

Another Contact: (In the case of no parent/guardian at home.)

Name: ................................................................................................................................

Address: ................................................................................................................................

Telephone: ..........................................................................................

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.)

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NOTE: Children taking regular medicine should hand same 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: