Dear Parents,

The Catherine McAuley Athletics Carnival will be held on Tuesday 22\textsuperscript{nd} March 2016 at James Sheahan Catholic School Oval. The K-2 section of the carnival will be run simultaneously with the Primary Carnival from 9:30am and returning to school at 1:00pm in time for lunch.

All children are to come to School before the carnival.

Listed below are a few reminders for the day:

- Wear sports uniform, including school hat & blockout/sunscreen.
- Bring fruito, recess, lunch and drinks for the day. Please separate lunch, recess, and fruito and label all items.

If there are any parents who are able to assist with the running of events, please see your teacher on the day.

In case of rain the carnival will be postponed and children will remain at school.

Yours sincerely,

Debbie Prestwidge / Margaret Wright / Jennene Carpenter
11\textsuperscript{th} March 2016

\begin{flushright}
\textbf{CATHERINE McAULEY INFANTS ATHLETICS CARNIVAL 2016}
\end{flushright}

I ………………………parent/guardian of ……………………….hereby:

1. Give permission for …………………………………… in class ……. to attend the Athletics Carnival at Norton Park, James Sheahan Catholic High School. Orange on Tuesday 22\textsuperscript{nd} March 2016.

2. Consent to my child travelling by bus.

3. Consent to my child participating in all activities, arranged as part of this excursion.

4. Consent to the school when seeking medical advice on my behalf to care for my child in the event of accident or illness. I also understand that the school will not be responsible for the costs of any medical attention or treatment administered.

5. Certify that if my child should exhibit behaviour that seriously endangers themselves or others, I will be contacted to collect them from a designated point.

Please answer the following medical questions about your child:

1. Does your child need to take any form of medication on the excursion? Yes / No

2. Is this medication located at school already. Yes / No

Emergency contact in the case of accident or illness:

Name………………………………………… Phone………………………………

I understand that the information I provide on this form will be handled in accordance with relevant Privacy legislation.

Signature: …………………………………………..Parent / Guardian

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