



St Benedict's Primary School

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Tuesday 8th May

ST BENEDICT'S ANNUAL ATHLETICS CARNIVAL 2018 PERMISSION SLIP

Bus travel permission.

I _____ (parent/guardian) give permission for my child _____ to travel by bus to the Woden Athletics ground on Thursday, May 10th 2018.

Parent Consent:

As Parent/Guardian of the above named student, I give my consent for him/her to participate in the **Athletics Carnival** at the **Phillip Athletics Field 301, Kitchener Street, Phillip on Thursday May 10th, 2018** travelling by **bus**.

I also authorise the teachers to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. Listed below are specific medical requirements or other needs relevant to my child participating in the excursion.

Medical Condition (e.g. allergies, asthma)	Treatment Plan

Emergency Contact :

Name: _____ Phone: _____

Parent/Guardian Signature _____ Date _____

(NB: This note is to be returned to the Classroom Teacher)

I will be available to assist as an official on Thursday May 10th, 2018

Child's name: _____ Year Level: _____

Parent's name: _____

Phone: _____ (H) _____ (W) _____ (mob)

My preference is

- Timekeeping
- Recording
- Field events
- Games

(Please tick one or more)

DUE TO SCHOOL NO LATER THAN WEDNESDAY, May 9th 2018