

# Inglewood Primary School

An Independent Public School

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## PARENT/GUARDIAN/CARER EXCURSION INFORMATION AND CONSENT

# 2024 Interschool Cross-Country

Dear Parent/Carer/Guardian,

Your child has been selected to represent Inglewood Primary School at the 2024 Interschool Cross Country. Any points awarded to those students who run in their year group race will contribute to the school's Interschool Athletics Carnival score. All reserves will attend and compete in a final race but no points will be awarded. Parents are welcome to attend and support our team.

<b>Class/Year groups attending:</b>	Selected students from Year 3 – Year 6
<b>Venue:</b>	<b>Coolbinia Primary School</b>
<b>Date:</b>	<b>Wednesday 31 July 2024</b>
<b>Time:</b>	Departing Inglewood Primary School at 11.00am for 12.15 start
<b>Return time:</b>	Buses depart 2:20, return to school approximately 3:00pm
<b>Travel details:</b>	Chartered bus shared with Mount Lawley Primary School
<b>Excursion cost:</b>	\$6 per competitor Payable via direct debit only. Please use your child's surname, initial and XC as the reference. BSB 066 111 A/C 00900025 <b>Final date for payment is Monday 22 July 2024</b>
<b>Supervisory team:</b>	Mr Serravite, Mr Carle
<b>Contact arrangements during excursion:</b>	<i>Please contact the school on 9223 9900 and a message will be relayed to the appropriate staff member.</i>
<b>Educational purpose of excursion</b>	This excursion has been planned to supplement the work being completed in your child's classroom, is part of their education program and links with the WA Curriculum.  For selected students to participate in the Interschool Cross Country where they are encouraged to achieve their personal goals and to respect and believe in each other.
<b>Activities</b>	Your child will be participating in an age appropriate competitive cross-country event (Please highlight) <b>has been selected as a COMPETITOR / RESERVE</b>
<b>Special clothing or other items required</b>	All students are asked to wear their Inglewood school shirt (NOT faction shirt), a hat, and appropriate footwear. They are to bring a school bag with a water bottle, healthy snacks and lunch. Please bring your asthma medication, or other medications, if required. School based medications will be brought to the excursion by the supervisory team.
<b>Special Request</b>	We would love the assistance of 2 parent helpers on the day. If you are available, please let Mr Serravite know as soon as possible. Rest assured, you will be able to watch your child's race.

**Please complete, sign and return the following page to the school by Monday 22 July 2024.**  
Should your child be unable to compete, please let Mr Serravite as soon as possible so that we may arrange another student to take their place.

Kind regards,

*Marcus Serravite*

15 June 2024

Please return to Mr Serravite by **Monday 22 July 2024****2024 Interschool Cross-Country**

<b>Child's name:</b>			
<b>Room:</b>		<b>Year :</b>	
<b>Student health considerations</b> If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details:			
<b>Special considerations</b> If the proposed excursion poses any health risks in addition to those identified in the Student Health Care Summary, please outline additional health risks below:  <i>e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.</i>			
<b>This consent form contains updated information for my child</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Parent/carer/guardian consent</b> I authorise staff to administer FIRST AID treatment to my child, contact an ambulance and seek appropriate medical attention as may be deemed necessary. I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on an excursion, unless the school or its employees are proven to be negligent.			
<b>Emergency Contact Details</b> <i>*Teachers to provide any updates to administration PRIOR to departure</i>			
Name 1		Name 2	
Daytime Contact		Daytime Contact	
Mobile		Mobile	
Relationship to student		Relationship to student	
<b>I have already paid \$6 by direct deposit to IPS BSB 066 111 A/C 00900025 or I have made arrangements with the Office.</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
I	(Your name)		
consent to	(Your child's name)		
participating in	The Interschool Cross-Country at Coolbinia Primary School.		
on	Wednesday 31 July 2024		
Declaration	<i>I have read and understood the excursion information and consent forms. The details I have provided are correct.</i>		
Signed		Date	