Dear Parents,

As part of the PE/Outdoor Learning Program, the Year 5 students will participate in an Intraschool Sports Program planned for Term 1. This program will run on Thursday from 9:00am – 10:40am. The cost of the program has been covered by the payment of your Term 1 Excursion Levy.

The student’s sessions will run at Milgate Primary School, in the stadium, on the top oval & in the parkland below the bottom oval. The children are expected to wear appropriate school sports uniform. They will need to bring their hat, water bottle and ensure that if asthma medication is required (ie inhaler etc) that it is brought on the day.

TRAINING WEEK: 5TH FEBRUARY Milgate Staff
ROUND 1: 12TH FEBRUARY Camp Australia
ROUND 2: 19TH FEBRUARY Milgate Staff
ROUND 3: 26TH FEBRUARY Camp Australia
ROUND 4: 5TH MARCH Milgate Staff
ROUND 5: 12TH MARCH Camp Australia
ROUND 6: 19TH MARCH Milgate Staff
ROUND 7: 26TH MARCH Camp Australia

Please complete and return to your child’s classroom teacher by Tuesday 10th February 2015.

Parent Assistants are needed for Intraschool Sport Program. Please indicate on the return slip if you are able to be a Parent Assistant for Intraschool Sport Program.

Yours sincerely,

James Will
PE/Outdoor Learning Coordinator

MILGATE PRIMARY SCHOOL EXCURSION PERMISSION

I hereby give permission for my child ____________________________ in Grade _____ to attend Intraschool Sport Program to be held at Milgate Primary School in the stadium, on the top oval & in the parkland below the bottom oval. Your child may also be required to travel on a bus on the following dates Thursday 5th February, Thursday 12th February, Thursday 19th February, Thursday 26th February, Thursday 5th March, Thursday 12th March, Thursday 19th March & Thursday 26th March.

In the event of accident or illness, I authorise the teacher-in-charge of this excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I would like to be a Parent Helper for the Intraschool Sport Program during Term 1. Name:

SIGNATURE: __________________ DATE: ________________
(parent/guardian)

EMERGENCY CONTACT INFORMATION FOR TERM 1 INTRASCHOOL SPORT PROGRAM

CONTACT NAME 1: __________________ Phone No. ________________
CONTACT NAME 2: __________________ Phone No. ________________