



O'Connor Primary School

www.oconnorps.wa.edu.au

Interschool Athletics Carnival 2016

Please return this form by: Week 10 Monday 19th September 2016

Your Child has been selected to compete in the Interschool Athletics Carnival which is being held Wednesday, Week 10, 22nd September 2016 at Wallace Park. Students have been selected based on their results from the school carnival which means they may be in many races or just a relay and team games. The Long Jump and Javelin events start at 7.30am. If your child is in either of these events, they will need to be at Wallace Park, no later than 7.15am. If they are in no other events over the day, they will need to return to school.

The running events are scheduled to begin at 9.30am and the carnival should conclude by 2.00pm. Students will need to bring a packed lunch, water bottle, hat and sunscreen and will need to wear their blue O'Connor Shirt, black shorts and enclosed running shoes. Interschool shirts will be handed out on the day. Parent help is always appreciated, please call the school on (08) 9091 9097 if you are available to help. A program will be sent home with your child's events highlighted when it becomes available.

Date/Time: Thursday, Week 10, 22nd September 2016

Javelin and Long Jump: Students need to be dropped at the oval by 7.15am

Running/Team Events: Bus departing from O'Connor at 9.00am and returning by 2.30pm

Location/Transport: Bus to and from Wallace Park (Students will need to arrange their own transport if they are in the Javelin or Long Jump events)

Carmen Gallagher

Senior Phys Ed Specialist

Please return this portion to the class teacher

Student's name:

Room No:

Parent/guardian's full name:

Address:

Postcode:

Telephone no. – home:

mobile:

work:

Name of family doctor:

Telephone no:

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes

No

If "yes", please give details:

Is your child allergic to:

Penicillin

☐

(Please give details)

Any other drug

☐

Any food

☐

Other

☐

Does your child have a current Health Care Authorisation Plan at school?

☐

Yes

☐

No

Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

I have read and understood the information regarding the *Interschool Athletics* and give my consent for my son/daughter to attend.

Parent Signature:

Date:

I am able to assist on the excursion:

Yes

☐

Contact Number:

No

☐

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