

ILLAROO ROAD PUBLIC SCHOOL

Illaroo Road Public School Athletics Carnival

- DATE:** Friday 5 July, 2019 - weather permitting
NB: A reserve date has been set for Friday 26 July, 2019
- VENUE:** Shoalhaven High School, 60 Park Road, Nowra
- TIME:** **Depart** school (Illaroo Road Bus Zone) at 9.20am.
Return: Pick up at Shoalhaven High School at 2.30pm to return to school by 3.00pm.
- COST:** \$5.00 per student (*If not previously paid*)
- WHO GOES?:** All primary students (Years 3 to 6) and selected Year 2 students.
- TRAVEL:** By bus
- CLOTHING:** Sports uniform / house colours
- WHAT TO TAKE:** 1. Recess and lunch
2. Drinks and water
3. Hat and sunscreen
4. Warm clothing, as appropriate
5. Towel to sit on
- STAFF:** All primary teachers
- DETAILS:** Carnival program will include track events - 100m, 200m, 800m and relays.
Field events - discus, long jump and shot put.
- RULES:** 1. Wearing of school hats is compulsory. **No hat, stay in the shade**
2. Sun Safe Policy states that children must have sun cream with them for this excursion.
3. Students are reminded to reapply 30+ (or higher), broad spectrum and water resistant sun screen prior to outdoor activities such as carnivals and excursions.
4. Attendance at the carnival is compulsory for students in Years 3-6.

All staff members have emergency care and CPR certification.

This excursion has been approved by the principal.

Carnival Organiser: Mr Scott Brown

Please complete the section below and return with payment to your class teacher by Tuesday, 2 July, 2019



PERMISSION NOTE

Illaroo Road Public School Athletics Carnival

I hereby consent to my son/daughter/ward (full name) _____ Class _____
to attend the Illaroo Road Public School Athletics Carnival at Shoalhaven High School, 60 Park Road, Nowra on
Friday, 5 July, 2019 (weather permitting) or Friday 26 July, 2019. I am aware of all the details and requirements
for the excursion and that transport is by bus.

Special needs/instructions for my child are (include all medical/allergy details): _____

I understand that by signing this note I give permission for my child to receive medical treatment in case of
emergency.

Please find enclosed \$5.00 for the bus. (*If not previously paid*)

I have made payment online for \$5.00

Receipt No.

Signature of parent/guardian: _____ Date: _____

PARENT HELPERS URGENTLY NEEDED

Parent helpers are needed for the IRPS Athletics Carnival. If you can help on the day please complete the following:

Yes I _____ can help as a carnival official.
(Please print name)

Parent phone number: _____

Students name _____ Class _____