



# Grades 4 - 6 Athletics Carnival Mornington Peninsula Athletics Facility Wednesday 17<sup>th</sup> August, 2022



21<sup>st</sup> July, 2022

Dear Parents/Carers,

Students in Years 4 – 6 will be attending our Mt Eliza Primary School House Athletics Carnival at Mornington Peninsula Athletics Facility, Mornington on Wednesday, 17<sup>th</sup> August, 2022. Students will have the opportunity to participate in a range of events on the primary athletics program. Whilst the main aim of the day is participation, the carnival will also be used to help select our MEPS Athletic Team for District Athletics later in the term. We will be travelling by bus, departing at 9.00 am and returning by 3.00 pm.

Students should wear school tops with their preferred choice of athletics shorts or tracksuit pants and running shoes. Students will need lunch, snacks, water bottle and weather protection suitable for the day; the carnival will proceed unless the weather is extreme, a water proof, warm jacket is essential and beanies, gloves, etc are recommended.

Note: The permission form below covers students attending this excursion on Wednesday, 17<sup>th</sup> August – or the alternate reserve date 24<sup>th</sup> August, if the event is postponed.

The cost of this excursion is \$17.00 (this is not included in the excursion levy) – fee covers transport, hire of facilities and associated costs. **The permission form and payment are to be returned to the classroom teacher no later than Tuesday, 10<sup>th</sup> August, 2022. ABSOLUTELY NO FORMS OR PAYMENT WILL BE ACCEPTED AFTER THIS DATE! Event Schedule will be made up on Tuesday 10<sup>th</sup> according to permission forms received.**

The success of the day relies on parent assistance – If you can help out please drop me an email: [tracy.mclaughlin@education.vic.gov.au](mailto:tracy.mclaughlin@education.vic.gov.au)



TRACY MCLAUGHLIN

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## DET INFORMATION

### Student Behaviour

'I understand that in the event of my child's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

### Student Illness

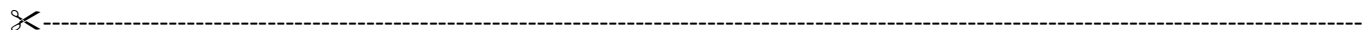
'I understand that in the event excursion staff determine it is necessary for my child to be sent home early due to illness, any costs associated with his/her return will be my responsibility.'

### Cancellations or alterations

'I understand that the Principal may need to cancel or alter excursion arrangements at short notice, for safety reasons or due to circumstances beyond the control of the school, and while the Principal will try to minimise inconvenience or financial losses to parents, these may be unavoidable.'

**Student accident insurance and ambulance cover**

The Department of Education does not provide student accident insurance or ambulance cover. Parents may wish to obtain student accident insurance from a commercial insurer and/or ambulance cover, depending on their health insurance arrangements and any other personal considerations.



**Year 4 - 6 Athletics Carnival  
at Mornington Peninsula Athletics Facility  
Wednesday 17<sup>th</sup> August, 2022  
(Please note no late forms or payments can be accepted CUT OFF DATE Tuesday 9<sup>th</sup> August)**

My child ..... Grade ..... has my permission to attend the Athletics on Wednesday, 17<sup>th</sup> August – or alternate reserve date 24<sup>th</sup> August, if the event is postponed.

I authorise the teacher in charge 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 accept all operation, blood transfusion, and / or anaesthetic risks involved, and the responsibility for payment of any expenses thus incurred.

**\$17.00 enclosed** (This excursion is not covered by the excursion levy)

Name and phone no. in case of emergency: ..... ☎ .....

Parent/Carer’s signature: .....

**Medical Condition details:**  
Please tick if your child suffers with the following Medical Conditions:-  
 Asthma  Allergies (please specify) .....  
 Other .....

