

*Excellence in teaching, learning and leading.*

5 September 2019

Dear Parent/Carer,

Your child will be participating in the Touch Gala Day to be held at Angourie Sporting Fields in Yamba.

**When:** *Friday September 20, 2019*

**Starts:** **9:15am(bus departs school) – 2:30pm (returns)**

**Where:** Angourie Sporting Fields Yamba

**Bring:** **Morning Tea, Lunch and Drinks (Canteen will be available)**

**Travel:** Wards Buses

**Cost:** \$5 per child

**Uniform:** *School sports uniform. Runners, no spiked shoes.*

Ms Chorley

Co-Ordinator

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## Touch Gala Day - Yamba

I give consent for my child, \_\_\_\_\_ in class \_\_\_\_\_ to participate in the Touch Gala Day on Friday September 20, 2019.

☐ I understand that travel is by Wards Buses.

☐ I have enclosed the \$5 payment.

### Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity.
- I will pay the costs detailed in this consent form for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.

Parent/Carer's Name: \_\_\_\_\_ (Please print) Contact Number: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Students current Medicare No.: \_\_\_\_\_

### Additional medical information

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