



## St Bernadette's Catholic Primary School

2 Willey St  
Sunshine North Vic 3020  
Ph: 039311 8872  
E: principal@stbsunshinenth.catholic.edu.au  
ABN: 54 744 343 007

### INTERSCHOOL SPORTS PERMISSION FORM

**DATE OF THE EVENT:** See fixture below

**YEAR LEVEL:** selected Year 5 and 6's

**VENUE:** See fixture below

**TRANSPORT:** Bus

**DEPARTURE FROM SCHOOL:**

**TIME:** 11:00am

**RETURNING:** 1:00pm

**CHILDREN WILL NEED TO:**

**WEAR THEIR:** Sports Uniform

**BRING THEIR:** Water Bottle

**FIXTURE:**

Week	Date	Home School	Away School
2	Friday 30th April	St. Bernadette's	Bye
3	Friday 7th May	St. Bernadette's	Corpus Christi
4	Friday 14th May	Footscray North	St. Bernadette's
5	Friday 21st May	St. John's	St. Bernadette's
6	Friday 28th May	Dinjerra	St. Bernadette's
7	Friday 4th June	St. Bernadette's	Footscray
8	Friday 11th June	St. Bernadette's	Footscray West
9	Friday 18th June	Grand Final	Grand Final

All home games will be played at the following venues:

Netball will be played at school.

Soccer and T Ball will be played at Club Italia, Furlong Road.

Mr. Brendan Gill  
Principal

Mr. Ian Miller  
P.E. Teacher

1. ALL asthmatic children MUST bring their asthma pump to all excursions.
2. Children with allergies MUST have appropriate & up to date medical action plans submitted to the school, prior to excursions.



## St Bernadette's Catholic Primary School

2 Willey St  
Sunshine North Vic 3020

Ph: 039311 8872

E: principal@stbsunshinenth.catholic.edu.au

ABN: 54 744 343 007

### RETURN THIS SECTION TO THE CLASS TEACHER Year 5 and 6 Winter Interschool Sports

#### PARENTAL APPROVAL

I give approval for my child \_\_\_\_\_ of Year \_\_\_\_\_ to take part in the Winter Interschool Sports program.

\* Please note the following medical information related to my son/daughter taking part in this event:

\_\_\_\_\_

PARENTS'/GUARDIANS NAME: \_\_\_\_\_

PARENTS'/GUARDIANS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT TELEPHONE NUMBER ON THE DAY: \_\_\_\_\_

#### **MEDICAL CONSENT FORM:**

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorize the teacher in charge of the excursion or activity to:

- Consent to my child receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

#### **EMERGENCY CONTACT:**

1. .... PHONE NUMBER: .....

2. .... PHONE NUMBER: .....