

# **Gilgandra Public School**

## **Honesty & Courtesy**



Principal  
Patricia Howard

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Dear Parents/Carers.

On Tuesday 7th May 2019 Gilgandra Public School Year 3 and 4 League Team and Year 5 and 6 League team will be playing in the Peachey Shield and Richardson Cup knockout at Coonamble.

Students will be supervised by Mr Batten and Zoe.

Students will travel by private buses which have been arranged, departing Gilgandra Public School at 7:45am. The carnival is expected to finish at approximately 2:00pm. This means if our team is successful, we won't arrive back to school until approximately 3:00pm.

Cost of the excursion is \$10 to cover travel costs.

All students will need to bring:

- Football Boots
- Mouth Guard
- Blue football shorts
- Headgear.
- Recess and Lunch or money for food as there will be a canteen at the oval.

Patricia Howard  
Principal

Owen Batten  
Coach

Please complete the attached form and return to the school office by Friday 3 May.

I give permission for \_\_\_\_\_ to attend the Peachey Shield and Richardson Cup Rugby League Football Knockouts in Coonamble on the 7/5/2019.

Travel will be by private car which has already been organised. The cost is \$10 to assist with fuel.

We will leave Gilgandra Public School at 7:45am and return at approximately 3:00pm.

I understand my child has been selected in the Rugby League Team and they will be playing a contact sport.

In case of emergency I give permission for my child to be transported, by ambulance if necessary, to the nearest hospital for assessment/treatment.

My child requires transport and will be travelling with the school (please circle one)  
YES      NO

**Please also complete the medical details below.**

Medicare Card Number: .....

Health Fund: ..... Membership No: .....

**Medical Conditions** (Please tick those that apply to your child and give details and dosage of any medications given)

Asthma .....

Allergies .....

Glasses/Contacts .....

Other .....

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Specific Food Requirements .....

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Name of Family Doctor ..... Phone.....

Signed: ..... Date: .....  
Parent/Carer

Phone No. .... Emergency Contact.....

Phone No.: .....