

# **Gilgandra Public School**

**Honesty & Courtesy**  
**Safe, Respectful Learners**



Principal  
Patricia Howard

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12th August

## **Dubbo District PSSA Athletics Carnival 2019**

*Your child has been selected to represent Gilgandra Public School at the DDPSSA Athletics Carnival.*

**When:** Friday, 6th September 2019

**Venue:** Barden Park, Dubbo

**Time:** 1st Field Event 9:00am

1st Track Event 9:20am

**Competitors:** Competitors can only compete in school sports colours. Spikes may be worn in 100m, 200m, Relay, Long Jump and High Jump. **No spikes in 800m or 1500m.**

**Food:** A canteen will be operating on the day.

**Travel:** Students are responsible for their own travel to and from the carnival. I have attached a list of the students selected to assist you with travel arrangements.

**Cost:** Programs will be available on the day for \$2 each.

**Team Manager:** Terri-Lee Naden - please find Terri-Lee when you arrive, get your name marked off and collect your sticker with your name, age and school marked on it.

*I understand that some students are in a number of events and might not want to compete in all of these. Please let me know ASAP if your child is not competing in an event so that I can withdraw them from the event.*

**Please notify the school if your child is not participating in all events listed, I am aware that a few students have a number of events on the day. If your child does not turn up to the event they might be penalised across all PSSA sports.**

Please return the attached permission/medical note ASAP.

Laura Nelson  
Sport Co-ordinator

Patricia Howard  
Principal

I give permission for \_\_\_\_\_ to participate in the DDPSSA Athletics Carnival held at Barden Park, Dubbo on Friday, 6th September 2019.

I understand that it is my responsibility to transport my child/student to this event and home again.

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

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

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

Specific Food Requirements .....  
.....

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