



# Gilgandra Public School

## Honesty & Courtesy



Safe, Respectful, Learners

Principal  
Patricia Howard

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Gilgandra NSW 2827  
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22 February 2022

### Dubbo District PSSA Twilight Swimming Carnival

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

**When:** Thursday 3rd March 2022

**Venue:** Dubbo Swimming Pool (Dubbo Aquatic and Leisure Centre)

**Time:** Warm-up 4:15pm

First marshalling call: 4:50pm

First race: 5:00pm

**Entry:** \$3.90 per student.

\$2.00 per spectator

Do not send the money with your child to school. Please pay on arrival at the pool.

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

**Team Manager:** Mr Smithers will be the team manager. Please find him when you arrive and get your name marked off.

Please let the school know by Friday 25th February if your child is not attending the carnival or if they are not swimming in any of the events they have been nominated for. The carnival convener needs to be informed as soon as possible. Any student who does not turn up to the event might be penalised across all PSSA sports.

Please return the attached permission and medical note as soon as possible.

Adam Smithers  
Sports Coordinator

Patricia Howard  
Principal



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### Dubbo District PSSA Twilight Swimming Carnival

I give permission for my child ..... to participate in the DDPSSA Twilight Swimming Carnival on Thursday 3 March 2021.

I understand that it is my responsibility to transport my child to and from the event.

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

Signed: .....  
Parent/Carer

Date:.....

#### Medical Details

Childs Name:.....

Emergency Contact:.....

Medicare Card Number:.....

Phone Number:.....

Health Fund:.....

Membership Number: .....

**Medical Conditions** - Please tick those that apply to your child and give details and dosage of any medication given.

Asthma: .....

.....

Allergies: .....

.....

Other: .....

.....

Name of Family Doctor: .....

Phone: .....