



**ACT**  
Government  
Education

## BONYTHON PRIMARY SCHOOL

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15 October 2018

### ALDI MINIROOS FOOTBALL FESTIVAL YEAR 3/4 STUDENTS 25 OCTOBER 2018

Dear Parents and Carers,

Aldi MiniRoos Football Festivals will bring together a number of local schools participating in football matches in a round robin format at Wanniasa Playing Fields, Hyland Place, Wanniasa. 5-a-side football provides an opportunity for boys and girls, who may or may not have played before to experience and be introduced to football in a fun, safe and pressure free environment. The focus of the gala day is entirely on enjoyment and participation as there will be no winners or scores recorded. Canberra United Players will be in attendance to cheer the teams on and hand out prizes. Students will need to have private transport for drop off and pick up on the day. A teacher will be at the field from 9.00am.

To assist us with planning and preparation of the excursion, ***permission notes and payment need to be returned to the school by 19 October 2018.***

Teachers accompanying students on the excursion will be: Sammi Smith

<b>Date of excursion:</b>	<b>25 October 2018</b>
<b>Venue:</b>	<b>Wanniasa Playing Fields, Hyland Place, Wanniasa</b>
<b>Time:</b>	<b>9.15am – 2.30pm</b>
<b>Cost:</b>	<b>Nil</b>
<b>Method of transport:</b>	<b>Parents are responsible for dropping of and picking up their child at the venue</b>
<b>Permission note to be returned by:</b>	<b>19 October 2018</b>
<b>What to wear:</b>	<b>School uniform, football boots or suitable trainers and shin pads (if student already has them).</b>
<b>What to bring:</b>	<b>Water, recess, lunch and a healthy snack</b>

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*In the case of unacceptable or dangerous behaviour, arrangements may be made to exclude a child or arrange for them to be sent home at the expense of the parents.*

*If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) (Bonython Primary School). This information is necessary for us to manage student participation and attendance at the event, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to attend/participate in the event. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. While we will not usually disclose this information to third parties, we may share this information with other public (i.e. government) and non-government schools in the case of inter-school or inter-state state events in order to manage the event effectively. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.*

Regards,  
Sammi Smith  
Sports Coordinator

**PERMISSION NOTE**  
**ALDI MINIROOS FOOTBALL FESTIVAL**  
**YEAR 3/4 STUDENTS**  
**25 OCTOBER 2018**  
*(Please return to the school by 19 October 2018)*

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the excursion to **Aldi MiniRoos Football Festival**.

I/We authorise the school to make arrangements for the welfare of the student (including medical or surgical treatment), in an emergency.

I/We agree to meet the costs associated with any emergency arrangements made by the school - free ambulance transportation only applies in the ACT.

**I/We agree to transport my/our child to and from the venue.**

I/We have read the above information regarding this excursion and understand what it contains.

Full Name of Parent/Guardian (Please Print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact number on the day: \_\_\_\_\_

# MEDICAL INFORMATION AND UPDATE

## NAME OF EXCURSION - YEAR LEVEL/CLASSES ATTENDING *(Please return to the school with permission note)*

The school has your child's medical information on the Annual Medical Form which will be taken by the school on the excursion. We do understand however, that children's medical conditions can change or they may be suffering from temporary conditions. The questions below help us to ensure we have the most up to date information for the excursion detailed above. It is important that we are advised of any changes to your child's medical details prior to the excursion. Please carefully read the questions below, choose the appropriate answer, sign and return to the school with the permission note and payment. If you have any questions about what is contained on your child's Annual Medical Form, please contact the Front Office on 6142 0640 for assistance.

***If the changes to the Annual Medical Form are permanent or long term, it is important you contact the school to complete/update this form.***

Name of student: \_\_\_\_\_ Class: \_\_\_\_\_

- No medical conditions and no changes:** I have completed the Annual Medical Form and there were no medical conditions to report. This has not changed.
- Medical conditions reported but these have not changed:** I have completed the Annual Medical Form and reported medical conditions. The conditions and the treatment plan have not changed.

Additional details (if required) \_\_\_\_\_

- There are changes to the Annual Medical Report:** I have completed the Annual Medical Form and there are changes to my child's medical conditions. Please complete below the details of the medical condition and the treatment required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name of Parent/Guardian (Please Print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_