



BRISBANIA PUBLIC SCHOOL
 "BELIEVE, PERSEVERE, SUCCEED"
 1 HIGH STREET
 SARATOGA NSW 2251

SCHOOL CROSS COUNTRY – Friday 27th March 2015

Our school cross country carnival will be held on FRIDAY 27TH MARCH.

Children will walk from school to the Davistown waterfront where the carnival is to be held under the supervision of their class teacher and support staff. They will cross Davistown Road at the pedestrian refuge. The carnival will commence at approximately 12.15pm.

Children will leave school following recess (11.30am) and return by the normal conclusion of the school day.

Children need to wear sunscreen and hat, bring their lunch with them and a suitable drink (water is advisable). Sports uniform is to be worn with appropriate house colours and appropriate running shoes.

Any asthma puffers that are not already at the school office please ensure that your child takes their asthma medication with them to the carnival.

Parents, relatives and friends are most welcome to come along and cheer the children along. Please complete, sign and return permission note to your class teacher as soon as possible.

Thank you

Mr Gregory Anderson
 Sports Co-ordinator

Approximate order of events

- | | | | | | |
|----|-----------------|------|----|----------------|------|
| 1. | 11 yrs girls | 3kms | 2. | 11 yrs boys | 3kms |
| 3. | 8/9 yrs girls | 2kms | 4. | 8/9 yrs boys | 2kms |
| 5. | 10 yrs girls | 2kms | 6. | 10 yrs boys | 2kms |
| 7. | 12/13 yrs girls | 3kms | 8. | 12/13 yrs boys | 3kms |



CROSS COUNTRY PERMISSION SLIP

I **do / do not** consent to my childin class.....participating in Brisbania Public School cross country sporting event being held at Davistown waterfront on **FRIDAY 27TH MARCH, 2015**. This sporting excursion has the approval of the school principal. Students will be walking to the Davistown waterfront under the supervision of staff and will cross Davistown Road at the pedestrian refuge.

My son / daughter has the following special needs (please provide full details and include any relevant medical details)

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Emergency contact Numbers:

I give / do not give permission for my child to receive medical treatment in case of emergency.

.....
 Parent/Caregiver Name

.....
 Parent/caregiver signature

.....
 Date