



DUE TO THE CHANGE IN DAYS, WOULD YOU PLEASE RE-SIGN THE PERMISSION NOTE BELOW WITH THE NEW DATE AND DAY AND RETURN ASAP TO YOUR CLASS TEACHER.

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. The carnival will commence at approximately 12.15pm.

This year the Cross Country course will be run at the other end of Davistown waterfront due to council ongoing works on the amenities block. The course will commence adjacent to the 'Pirate Park' where there are amenities for students and staff.

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

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
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CROSS COUNTRY PERMISSION SLIP

I do / do not consent to my childin class.....participating in Brisbania Public School's Cross Country sporting event being held at Davistown waterfront on FRIDAY 28 APRIL 2017. 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