Dear Parents,

Your child has been selected to represent the North Region at the Diocesan Swimming Carnival, to be held at Lambton Pool on Tuesday, March 4th, 2014. Travel will be by car. Please indicate on the attached note if you will be driving to the carnival and whether you have any extra seats in your car. **Cost for the day will be $5 per student which includes pool entry and the Regional Levy.** Parents pay pool entry on the day.

The children are asked to wear full school sports uniform, including hat, sunscreen and take a packed lunch with plenty of fluids. It is a Diocesan Carnival rule that children are not allowed to go to the canteen.

At the carnival, due to the management of such a large number of children, parents are asked to sit on the opposite side of the pool whilst the children need to sit with the North Regional Team in the grandstand.

Children will need to meet with the North Region team managers (look for an orange flag. They will be handing out orange shirts outside the entrance to the pool before 9.00am and they will go in as a team.

*Congratulations to the selected children on representing our school and the whole of the North Region. It is a great achievement in itself just to make it to this level of competition.*

Yours sincerely,

*Debbie Black*
*SPORTS CO-ORDINATOR*

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**TRAVEL INFORMATION**

Child’s Name: ................................................................. Class: ........................................

I will/will not be driving my child to the Diocesan Swimming Carnival on Tuesday, March 4th 2014.

Number of extra seats available (if applicable)  □

Please return the attached note and the medical/permission note to Mrs Black as soon as possible. This medical and permission notes needs to be signed as it is handed to the Diocesan team manager on the day.
Personal Details:

Christian Name: ………………………Surname:………………………………………………….Class:…

Address: ………………………………………………………………………………………………………

Date of Birth: ………………  Age: - years……. months…………..

Parents’ Names: father…………………………….  mother……………………

Home phone number: …………………..

Mobile Phone number: …………………..

Phone number and name of a person who will be available as an emergency contact for the period the children will be away:

1. Name:………………………………………………. Relationship………… phone……………

2. Name:………………………………………………. Relationship………… phone……………

Medical Details:

Medicare Number…………………………………………………………………………………

Immunisation: Please state the approximate year of the last injection

Polio (Sabin) ………………………Measles/Mumps ………………….Diptheria/Tetanus………

Rubella……………………….. Whooping Cough…………………………

Other (eg Hepatitis, Meningococcal) ……………………………………………………………

- Is your child covered by a medical benefit fund?  Yes/ No
- Is your child covered by a hospital benefit fund?  Yes/ No
• Does your child suffer from any medical condition you believe the supervising teacher should or needs to know in order to care adequately for your child? (allergies, asthma, etc). Please list and detail.

………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………

Please give details of treatment required or medication needed
………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………

Please Note: Any medication required must be in a plastic container clearly labelled with the child's name and required dosage. It would be best to speak to the teacher personally to ensure there is no doubt as to what is required. If there is any condition, which arises prior to departure date, please let us know in writing as soon as possible.

In the event of accident or illness to my child, I give the senior teacher present the authority to seek medical advice and such medical attention as may be deemed necessary by the medical officer attending

Signed:…………………………

I expressly authorise/do not authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed: ………………………

PERMISSION DETAILS

I give permission for my child ……………………………………………………….. of class……….to attend the DIO Swimming Carnival at Lambton Pool on Tuesday, March 4th, 2014. I understand the children will be travelling to and from the pool by private transport.

Parent’s signature: …………………………………. Date: ……………...

DEED OF INDEMNITY

In consideration of the members of staff and parents of St Michael’s School Nelson Bay at my request transporting my son/daughter……………………………………………………….. (child’s full name)

by private car on the day listed, I hereby indemnify and agree to keep indemnified the Catholic Schools Office and its employees and agents and St Michael’s School Nelson Bay from and against all actions, suits, claims, demands, complaints and causes of action whatsoever whether past, present or future by the said child, arising out of the transportation of your child on the listed date.

Dated the…………………………………………. day of ……………………………….2014.

Signature of parents/guardians:…………………………………………………………………..

Signature of witness:………………………………………………………………………………….

Print witness’ name:………………………………………………………………………………..