

29<sup>th</sup> May 2019

Dear Parents,

**Divisional Cross Country Run 2019**

Congratulations on the effort of your child in the District Cross Country Run.

By finishing in the first 10, they have qualified to represent our school at the Divisional Cross Country at Toomuc Reserve, Pakenham on Monday, 3<sup>rd</sup> June 2019 commencing at 11:30am. The bus will be leaving Thomas Mitchell Primary School at 10:10 am and returning at approximately by 3PM.

Students are to come to school dressed in school uniform. Students will need a packed lunch, drinks and a change of clothing, eg. Tracksuit over running clothes (school t-shirt or polo shirt and shorts), a change of shoes and a plastic bag.

The teacher attending the excursion will be Miss Olivia Goder.

Please return the permission slip to school by **Friday 31st May with \$9.00 for the bus and \$5.00 entry fee. Total fee payable is \$14.00**

To ensure accurate recording of money sent to school, it is most important that the attached specially printed envelope be used and correctly completed. Please send only correct money to school, as we are unable to give change.

Yours sincerely,

Olivia Goder  
Sports Coordinator

John Hurley  
Principal

**THOMAS MITCHELL PRIMARY SCHOOL - District Cross Country Run 2019**

I give permission for my child ..... in class .....

to participate in Divisional Cross Country at Toomuc Reserve, Pakenham, on Monday 3<sup>rd</sup> June 2019. I understand the students will be travelling by bus at a cost **of \$9.00 and a \$5.00 entry fee. Total fee payable is \$14.00**

I enclose \$14.00 to cover the cost of my child’s participation in this event

I understand that if I am an observer of the event, and intend to take photos/digital images, they will be only of my child, and not contain other children. Photos and digital images are considered personal information and governed by the Privacy Act in relation to the event. In consideration of this, I will not upload any images to social media of any student other than my own.

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

My child has the following medical condition: .....  
and requires the following medication to be administered during this activity: .....

.....  
(a medication form has been completed and submitted to school).

Contact for day of excursion: ..... Phone for day of excursion: .....

Signed: ..... Dated: .....