



Flagstone State Community College Excursion Information for Parents/Guardians

Dear Parent/Guardian,

On Friday the 5th of April 2019 we are hosting our annual Flagstone State Community College Cross Country. The Competitive run will take place on Friday morning and the Fun Run for everyone will be in the afternoon as in previous years.

This year's Competitive Cross Country will be outside the school on a new course, which is predominately outside the school ground into the neighboring areas. The Fun Run will remain on school grounds.

All Competitive Runners are required to return a signed permission note to be able to compete by FRIDAY the 29th of March. Hand in to Form Teacher.

IF STUDENTS DO NOT RETURN THEIR NOTE BY FRIDAY 29TH MARCH, THEY WILL NOT BE ABLE TO COMPETE!

Staff supervision will be allocated according to notes returned on FRIDAY.

All students wanting to make the District Cross Country Event, will have needed to compete in the School Competitive Cross Country Event.

The path outside the school grounds will not have students running on the road but they will be running on the footpaths and grassed areas beside the roads. There will be limited times in which students will have to cross a road, and these areas will have adequate Staff supervision to ensure the safety of our students.

There will be copies of the different courses on the school website for parents and students who are interested.

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Dear Parent/Guardian

This is to advise you that our school is planning a SPORT activity. The details are as follows.

Activity title: 2019 FSCC CROSS COUNTRY	
Sports: Competitive Cross Country Event	
Name of teacher coordinating:	Nathan Mackenzie
Subject areas involved:	SPORT Year level/s: 7 - 12
DATE: Friday 5th April	
TIME: 9am - 12 noon	
Mode of transport: N/A	
VENUES: Flagstone State Community College	
Point of return: FSCC	
Cost per student: Internet banking available	NIL Notes Due: FRI 29th MARCH
Activities involved: Competitive Cross Country Event	
Meal Arrangements:	<input checked="" type="checkbox"/> Students to bring own lunch <input type="checkbox"/> Healthy food provided/purchased <input checked="" type="checkbox"/> Food to be purchased
Student Dress:	<input type="checkbox"/> Full dress uniform <input checked="" type="checkbox"/> Sport Uniform <input type="checkbox"/> Other
Students need to bring:	Gear related to the sport, sunscreen, water, appropriate Shoes

Please note the above details and retain for your information.

Please return the Parent Consent form to Form Teacher, by Friday 29th March.

Sulata Pop - HOD HPE

Julie-Ann McCULLOUGH - Principal



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A. Parent Consent- PLEASE COMPLETE

As parent/guardian of _____ in Year _____ I **GIVE/ DO NOT GIVE** (circle response) my permission for him/her to participate in the excursion described on the attached information sheet.

Students who do not have permission to participate will be engaged in normal school activities with teacher supervision provided.

Title of the activity: 2019 FSCC Competitive Cross Country

Departure date: Friday 5th April

Cost: **NIL**

All students will be under the guidance and direction of the supervising staff to ensure safety, well-being and appropriate conduct of all involved. I acknowledge that the Department of Education, Training and the Arts does not have Personal Accident Insurance cover for students.

I also give permission for staff to take photographs of my student while involved in the activity as listed.

YES

NO

Signature of parent/guardian

Date

Payment included yes
 no

B. Current Prescribed Medication

The medication listed below has been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion.

I hereby request the teacher accompanying the excursion (who has been so authorized by the principal) to administer the medication in accordance with the instructions written on the container(s) by the pharmacist who issued the medication. I understand that all unused medication will be returned to me.

Name of medication	Quantity of medication	Times to administer medication

(Please rule a line through any unused space above)

C. Medical Authorisation

I hereby authorise the medical practitioner identified on the school's records to provide to hospital authorities or other qualified medical personnel additional information concerning any of the medical conditions listed, should the need so arise.

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem necessary should any medical condition, incident or accident occur.

I further authorise qualified practitioners to perform surgery, administer anesthetic and/or blood transfusions if such eventuality should arise. I understand that, should such circumstances arise the supervising teachers will endeavour to contact me by phone in the first instance.

Signature of parent/guardian

Printed name

___/___/2019
Date