

School No. 1181

Bridport Street Albert Park Vic 3206 **Phone** 9699 9090 **Fax** 9699 9096 **Email** albert.park.ps@edumail.vic.gov.au Website www.albertparkps.vic.edu.au



2016 TOMMY LAHIFF FOOTBALL CUP Thursday 23rd June, 2016

The Tommy Lahiff Cup, a football round robin competition held between local schools, for Southport/Stonnington District, is to be held at the TEAC Oval in Williamstown Road Port Melbourne, on Thursday 25th June.

Your child has been selected to	represent Albert	t Park Primary School.
When: Thursday 25 th June.	Departing at Returning at	
Where: TEAC Oval Williamston	ın Road Port Me	alhourne

Where: TEAC Oval, Williamstown Road, Port Melbourne **Cost:** \$15.00 - this is not included in prepayments.

□ I CAN ASSIST ON THE DAY

Special instructions: Bring football gear (shorts & football socks/boots or track shoes)

Warm top and pants Mouthguard is strongly advis Water bottle and play lunch a Jumpers will be provided.	
Kate Simon Physical Education Teacher.	
	MMY LAHIFF FOOTBALL CUP Thursday 23 rd June, 2016
I give permission for my child:to take part in the Tommy Lahiff Cup, organised by	
MEDICATION Is your child taking any medicine(s)? ☐ Yes ☐ No If yes, provide the name of medication, dose and d	
taken as well as when and how it should be taken. the teacher-in-charge if it is necessary or appropria	rge. All containers must be labelled with your child's name, the dose to be The medications will be kept by the staff and distributed as required. Informate for your child to carry their medication (for example, asthma puffers or attack with the knowledge and approval of both the teacher-in-charge and
MEDICAL CONSENT Where the teacher-in-charge of the excursion is un the teacher-in-charge to:	nable to contact me, or it is otherwise impracticable to contact me, l authorise
Consent to my child receiving any medical or surgion Administer such first-aid as the teacher-in-charge j	cal attention deemed necessary by a medical practitioner. Judges to be reasonably necessary.
Signature of Parent/Guardian:	Date:
Emergency contact number on day of excursion:	
□ I enclose \$ 15.00	

*Please note that all parents/family members who wish to accompany an excursion must have a current Working With Children Check.

Name: _____ Phone: _____

While we always appreciate your help attending excursions, sometimes due to the nature of the excursion helper numbers are limited.