



**Albert
Park
Primary
School**

School No. 1181

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Rescheduled TOMMY LAHIFF FOOTBALL CUP 2016

Thursday 1st December, 2016

The Tommy Lahiff Cup, a football round robin competition held between local schools, for Southport/Stonnington District, is to be held at the Murphy Reserve in Williamstown Rd, Port Melbourne, on Thursday 1st December

Your child has been selected to represent Albert Park Primary School.

When: Thursday 1st December . Departing at 8.50am
Returning at 3.00pm

Where: Murphy Reserve, Williamstown Road, Port Melbourne

Cost: \$15.00 - **this is not included in prepayments.**

Special instructions: Bring football gear (shorts & football socks/boots or track shoes)
Mouthguard is strongly advised. Water bottle, playlunch and lunch. **Jumpers will be provided.**

Kate Simon
Physical Education Teacher.

TOMMY LAHIFF FOOTBALL CUP

Thursday 1st December, 2016

I give permission for my child: _____ of Grade: _____,
to take part in the Tommy Lahiff Cup, organised by Albert Park Primary School.

MEDICATION

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

MEDICAL CONSENT

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: _____

Emergency contact number on day of excursion: _____

I enclose \$ 15.00

I CAN ASSIST ON THE DAY Name: _____ Phone: _____

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

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