

STUDENT SIGNATURE:

HENRY KENDALL HIGH SCHOOL

SCHOOL SPORT COMPETITION

Dear Parent/Caregiver	2 September 2015
Your child has been selected to represent Henry Kendall High School in Netball.	
Date of competition: Wednesday 9 September 2015	
Venue: Adcock Park.	
Cost: \$2.00.	
Mode of transport: Parents are to arrange transport to and from the venue	
Time: 8.45am.	
Finish time: 2.15pm	
Dress to and from venue: Warm clothes. Please bring a water bottle, sunscreen and health	y food.
Uniform for game: Dress will be provided. You will also need to bring boy-leg shorts.	
Team coach/supervising teacher: Mrs Ogle	
Please complete details below and return by Tuesday 8 September 2015. If photos are taken on this excursion, we require your permission to publish these in our newsletter and website. Please indicate below if you give permission.	
N.B No student will attend an excursion if the permission note and payment have not been re-	ceived prior to the excursion date.
Yours faithfully	
(This excursion is part of the students' learning program and has the F	elanie Ogle Principal's approval)
×Please return this note with payment to the Front Office by Tuesday	
I hereby consent to	participating in Netball on Wednesday sion for photographs to be taken and
published in the school's newsletter and/or school website - YES / NO (please circle).	
	Date
published in the school's newsletter and/or school website - YES / NO (please circle).	Date
published in the school's newsletter and/or school website - YES / NO (please circle). Parent/Caregiver Name (Please print) Parent/Caregiver Signature Is your child Anaphylactic No Yes Allergic to: Where will the EpiPen be located on this excursion:	Date provide full details):
published in the school's newsletter and/or school website - YES / NO (please circle). Parent/Caregiver Name (Please print) Parent/Caregiver Signature Is your child Anaphylactic No Yes Allergic to: Where will the EpiPen be located on this excursion: Special needs of my child of which you should be aware (e.g., allergies, medication – please	Date provide full details):
published in the school's newsletter and/or school website - YES / NO (please circle). Parent/Caregiver Name (Please print) Parent/Caregiver Signature Is your child Anaphylactic No Yes Allergic to: Where will the EpiPen be located on this excursion: Special needs of my child of which you should be aware (e.g., allergies, medication – please Parent/Caregiver Contact No(s):	Date provide full details): (on date of this excursion)

DATE: