

STUDENT SIGNATURE:

HENRY KENDALL HIGH SCHOOL

SCHOOL SPORT COMPETITION

Dear Parent/Caregiver	26 August 2015
Your child has been selected to represent Henry Kendall High School in Oztag.	
Date of competition: Wednesday 9 September 2015.	
Venue: Morrie Breen Oval, Kanwal.	
Cost: \$7.00	
Mode of transport: Parents are to transport students to and from the venue.	
Time: 8.00am	
Finish time: 3.00pm	
Dress to and from venue: Full sports Uniform, black shorts without pockets.	
Uniform for game: Full sports Uniform, black shorts without pockets.	
Team coach/supervising teacher: Mr Mellish	
Please complete details below and return by Friday 28 August 2015. If photos are taken on this epermission 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 received price	or to the excursion date.
Yours faithfully	
Principal: Teacher:	\
Ayıdrew Backhouse Michael Mellish (This excursion is part of the students' learning program and has the Principal's	
×Please return this note with payment to the Front Office by Friday 28 August 2015	
I hereby consent to (student's name) in Year participation Wednesday 9 September 2015 at Morrie Breen Oval, Kanwal. I also give permission for photograph in the school's newsletter and/or school website - YES / NO (please circle).	ng in the Oztag Competition as to be taken and published
Parent/Caregiver Name (Please print) Parent/Caregiver Signature	Date
Is your child Anaphylactic No	
Yes Allergic to: Where will the EpiPen be located on this excursion:	
Allergic to:	l details):
Allergic to: Where will the EpiPen be located on this excursion:	<u></u>
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 provide ful	<u></u>
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 provide ful Parent/Caregiver Contact No(s): (on date	of this excursion)

DATE: