

Bass Hill Public School

611 Hume Highway, Bass Hill NSW 2197

Phone: 9644 3431 Fax: 9644 5271 Basshill-p.school@det.nsw.edu.au www.basshill-p.schools.nsw.edu.au

Bass Hill Public School Annual Athletics Carnival 2024

Dear Parents and Caregivers,

Our Annual Athletics Carnival is on **Tuesday 13 August 2024** at **The Crest Sporting Complex**. All Bass Hill Public School students from Preschool to Year 6 are expected to participate and attend the carnival on the day.

Please consider the following information and return the signed permission note and \$6 fee to the school office by **Friday 9 August 2024.** Payment can also be made online through School Bytes.

Activity: Bass Hill PS Athletics Carnival

Where: The Crest Sporting Complex, McClean St, Bass Hill

Who: Whole school P-6

Date: Tuesday 13 August 2024

Transport: Preschool children dropped off by parents and signed in at the Crest by 09:30am

Time: 9:30 am - 1:00 pm. All preschool children picked up by parents from the Crest no later than 1:00pm

Food: Bring a packed fruit break and lunch. Please supply plenty of water

Cost: \$6 per student

Supervision: Teaching staff from Bass Hill Public School. Ratio of educators to preschool students 1:6. Number of educators supervising preschool students: 3.

Clothing: Students should wear their Sporting House colours or their sports uniform, running shoes (joggers), a hat, sunscreen and a jacket.

Sports house colours are as follows:

Blaxland – Red

Wentworth – Yellow

Macquarie – Green

Lawson - Blue

Parents are welcome to attend the carnival as spectators. All children must to be signed in on arrival and out on departure with Mrs Jurgeit or Ms May by a parent or known caregiver. A risk assessment has been prepared and is available at the Preschool.

Mr Chehade & Mr Nashabe
Athletics Carnival Coordinators

Mrs Jahshan Principal

School-based sport and physical activities

Concussion acknowledgement

If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during a school activity, they will be removed from the activity and medical follow-up recommended.

Personal injury statement

I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.

Representative School Sport Pathway

Concussion acknowledgement

I acknowledge that if my child has sustained a concussion in the lead up to the event, I must provide medical clearance to the school or the supervising teacher prior to competition commencing.

I understand that if my child sustains a concussion or suspected concussion during an NSW Department of Education sporting event, they will be removed from competition until medical clearance is provided to the supervising teacher.

Personal injury statement

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

For events outside NSW, parents/carers who have private ambulance cover are advised to check that their cover extends to interstate travel.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from

https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref

 please retu	ırn this p	art to s	chool	

Parent / Carer Consent – Athletics Carnival Tuesday 13 August 2024

Student medical details		
Medicare number	Expiry date:	
Please detail any medical or special needs which the su	upervising teacher should be	aware of.
Parent/Carer details		
First name:	_Surname:	
I give permission for my child/ward	· · · · · · · · · · · · · · · · · · ·	-
of Class to attend and participate	e in the Bass Hill Public Schoo	l Athletics Carnival,
on Tuesday 13 August 2024, at The Crest Sporting Comp	olex, Bass Hill. I understand m	y child will walk to
and from the venue.		
I understand my child will need to be dropped off at	the Crest by 9:30am and pic	ked up at 1:00pm.
Payment		
Please find enclosed payment for my childin the Bass Hill Public School Athletics Carnival.	of class	to participate
I have enclosed the full payment of \$6.		
SIGNED:	DATE:	

Parent/Carer Acknowledgment and Consent

• I have read the information provided and I hereby consent to my child/ward participating in this