



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

HOCKEY ACT - PRIMARY SCHOOLS GALA DAY

DESCRIPTION:

The Hockey ACT Primary School Gala Day is a great opportunity for learners to develop their skills and enjoy a fun day with other primary school teams. Hockey ACT welcomes participants of all ages, abilities and skill levels, and is proud to be able to provide modified equipment to make the game more inclusive for everyone. This year Evelyn Scott School will be entering teams from Years 3/4 and 5/6 into the Hockey ACT Primary Schools Gala Day.

DATE:	Wednesday 15th May 2024 (Term 2, Week 3)
VENUE:	National Hockey Centre, 196 Mouat Street, Lyneham ACT
TRAVEL ARRANGEMENTS:	Families to arrange transport for learners to and from the venue
DROP OFF & PICK UP TIMES:	<ul style="list-style-type: none">• All learners should arrive at the venue by 08:30 am• Please allow travel time as traffic can be busy in the area• Learners will need to be collected from the venue by 3:00pm
LEARNERS ATTENDING:	Selected 3/4 and 5/6 Learners
STAFF ATTENDING:	Dean Pilton
WHAT TO BRING:	Water bottle, lunch, snacks, appropriate running footwear, shorts or pants and ESS school shirt. For safety, players are strongly advised to wear mouthguards and shin-pads during gameplay.
NOTE DUE BY:	Please return all notes by Friday 10 May 2024 (Week 2, Term2) <i>Please note, students will be unable to attend the excursion without signed parent/carer permission.</i>

Code of Conduct and Parental Agreements:

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Kind regards,

Dean Pilton

dean.pilton@ed.act.edu.au



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

HOCKEY ACT PRIMARY SCHOOLS GALA DAY

STUDENT NAME: _____ CLASS: _____

I hereby consent to my child attending the above Evelyn Scott School excursion.

Please check the appropriate boxes:

- I have read and understand the attached information page for the event/excursion and I consent to the travel arrangements.
- I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion

The [Medical Information and consent form](#) only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form? Yes No

If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?
Yes No

If yes, please complete a [Medication Authorisation and Administration Record](#) (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?
Yes No

PARENT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT PHONE NUMBER: _____

Office Staff to complete:

Received by: _____

Date: _____

Entered on SAS: