



GREENSBOROUGH PRIMARY SCHOOL

SPORTS AND EXCURSION PERMISSION FORM

Dear Parents and Guardians,

Greensborough Primary School provide each family with a permission form to cover all sporting activities, local excursions and swimming programs for your student/s from Prep to Grade 6. Once authorised on Compass these permission forms will be used at excursion events as required. For example, coaches of sporting teams will print off the permission forms for each student in their team who will be competing at an event. Not all activities are relevant to all grades. For example: only Grades 4 to 6 will be involved in interschool sports. Please indicate the specific activities you are giving permission for your child to be involved in.

By signing this note, parents give permission for your child to participate in the following activities:

- ❖ Interschool Sports (where there is both bus transport and walking involved)
- ❖ Cross Country Events (where there is both bus transport and walking involved)
- ❖ Athletics Events (where there is both bus transport and walking involved)
- ❖ Sports Training (where there is both bus transport and walking involved)
- ❖ Local Excursions (where there is walking outside of Greensborough Primary School grounds)
- ❖ General Excursions (requiring bus or public transport)
- ❖ Swimming Program (Term 4, where students will be walking to WaterMarc)
- ❖ Annual Camp (where children use bus transport and will be away over a number of days)

All information regarding excursion dates and costs will be conveyed to parents via your Compass App and the school newsletter, however.

2021 Sports and Excursions Permission Form

I give permission for my child _____ to participate in:

- ❖ Interschool Sports (where there is both bus transport and walking involved)
- ❖ Cross Country Events (where there is both bus transport and walking involved)
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I authorise the teacher in charge of the program, where it is impracticable to communicate with me, to consent to any medical or surgical treatment as may be deemed necessary by a qualified medical practitioner and accept responsibility for any and all costs incurred.

Parent / Guardian: _____

Please print name: _____

Emergency Contact Number/s: _____

Ambulance Subscription: Yes No