



# WERRINGTON PUBLIC SCHOOL

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## Multi-Sport Day

1<sup>st</sup> August 2022

Dear Parents,

Our students in the Support Unit have been invited to attend the Penrith Valley Regional Sports Centre – 30 Herbert St, Cambridge Park for the Multi-Sport Day for students with disability. Students will rotate through a variety of 6 x 30-minute sport sessions. The date of the excursion is **Monday 5<sup>th</sup> September 2022**. Travel will weather dependant, with children escorted by foot or if poor weather is forecasted by bus.

We will be departing the school at 9:00am and returning before 3:00pm.

There is no cost to parents for this excursion – costs are being covered by the school.

Students must wear full school sports uniform, including a school hat, and will be taking their school bags with them. Please pack their recess, lunch, drinks, hat and jumper in their school bag.

The children will be supervised by staff and student leaning support officers from the Support Unit

If you would like your child to attend this excursion, please complete the permission slip below and return it to the school, by **Monday 29th August 2022**

Please note, spectators are not permitted at this event.

Mr Henningham  
Support Unit Assistant Principal

Mrs Avery  
Principal



### PERMISSION SLIP – Multi-Sport Day

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_, to attend the excursion to Penrith Valley Regional Sports Centre. I understand that travel will be weather dependant and students will be escorted by foot or if poor weather transport will be provided. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education’s policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent

|   |                |               |
|---|----------------|---------------|
| Emergency contact phone numbers:  | 1. Name: ..... | Number: ..... |
|   | 2. Name: ..... | Number: ..... |
| List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies and previous sporting injuries etc.)<br>Outline the treatment for each:<br>.....<br>.....  |                |               |
| Medication(s) to be administered during the excursion. Include the name of the medication, instructions for administration, time of administration and any possible reactions:<br>..... |                |               |