



WERRINGTON PUBLIC SCHOOL

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2023 NAIDOC Cup

5th April 2023

Dear parent/caregiver,

On **Tuesday 20th June 2023** our Aboriginal and Torres Strait Islander students have been invited to participate in the 2023 NAIDOC Cup to be held at Hunter Fields, Nepean Street, Emu Plains. NAIDOC Cup is a combined schools sports gala day for Aboriginal and Torres Strait Islander primary school students.

Our school will be entering an Oz Tag Team and a Netball Team, as well as Joeys activities for students in K-2 or 3-6 who are not participating in netball or OzTag. These teams will participate in a round robin competition. Throughout the day there will also be traditional indigenous games, craft and cultural activities for all other students.

Students will need to be at school at 8.40am as the bus will be leaving at 9am.

The students' families are most welcome to make their way to the grounds to enjoy the day and support their children.

Transport to and from school by bus will be provided; however, if you wish to take your child home please see Mr Lewis to sign them out at the end of the day.

Lunch is provided free and will include: sausage sandwiches, corn on the cob, vegetarian patties, fresh fruit, cake, water bottles and juice packs.

Students are to wear their school sports uniform and bring their school hat. To assist with ordering of NAIDOC Cup shirts for the student's **permission notes must be returned to school no later than Thursday 12th May 2023.**

Regards,
Mr Lewis
Co-ordinator

PERMISSION SLIP –2023 NAIDOC Cup – Return no later than Thursday 12th May 2023

I give permission for my child _____ in class _____, to

- travel on the bus and attend NAIDOC Cup on Tuesday 20th June 2023 or an alternate day if postponed,
- participate in the Oz Tag Team/ Netball Team and/or cultural activities, and
- enjoy the lunch provided.
- I understand that my child will need to be at school at 8.40am on Tuesday 20th June.

-I give permission for my child to be photographed, as the local press will be present. **Please circle: YES NO**

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.)
Outline the treatment for each:

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Medication(s) to be administered during the excursion. Include the name of the medication, instructions for administration, time of administration and any possible reactions:

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