

I give permission for _____ in Year _____ to participate in the Picton High Schools Sports Program each Wednesday, at either Picton High School, a venue in the local area or a local oval. I give permission for them to travel by bus (Picton Coaches) or walking depending on the chosen sport. I understand that transport and venue costs must be paid each week and full school sports uniform must be worn.

I give permission to Picton High School and DoE to publish names and photographs of my child:

Yes No

In case of emergency, I may be contacted at this number:

Water or Swimming Activities (if applicable to this excursion)

- I advise that my child is a: Strong swimmer (min.100m)
 Average swimmer (min.50m)
(Please tick) Poor swimmer (less than 50m)
 Non-swimmer - No swimming.

Parent/ Guardian Name:

Parent/Guardian Signature: Date:

.....

Special needs of my child of which you may need to be aware (please provide full details).

Medication:

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Special Dietary Requirements:

- Asthma Epilepsy Other (please state)

Allergies: (please tick)

- Sun Grass/Dust Pollen Insect Bites

Allergy to the following medication:

Other (please state):