

Sutton Public School Years 2 – 6 School Cross Country Friday 5 April 2024

Tuesday 12 March 2024

Dear parents and carers,

Our School Cross Country will be held on Friday 5 April 2024 at 1:00pm. Students turning 8 years in 2024 and above can qualify for the Primary School Sports Association's (PSSA) Cross Country Championship. The top 6 students in each age group will move on to compete at the district level.

Who: Years 2 - 6

When: Friday 5 April 2024

Where: Sutton Public School and surrounds

Time: 1:00pm

Cost: Nil

On Tuesday 2 April all students in Years 2 - 6 will walk the route to prepare for the event.

The schedule is as follows from 1:00pm:

2 km race	3km race
8/9 Boys	11 Boys
8/9 Girls	11 Girls
10 Boys	12/13 Boys
10 Girls	12/13 Girls

Students are encouraged to wear their house colours, a school hat and sunscreen.

Guise RED	Moore BLUE	Bywong YELLOW
----------------------	-----------------------	--------------------------

We would love parent/carer helpers on the day. If you can assist on the day, please fill out the attached permission slip and return it by Thursday 28 March 2024.

Parents and carers are all welcome to attend and watch the event.

Please contact the office if you have any questions.

Adam Mitchell
Organiser

Jenny Lonergan
Relieving Principal

**Sutton Public School
Years 2 – 6 School Cross Country
Friday 5 April 2024**

Permission Note and Medical Information form due by Friday 29 March 2024

I hereby consent to my child _____ in class _____
participating in School Cross Country on Friday 5 April 2024.

I understand my child will walk the route outside school grounds with teacher supervision on Tuesday 2 April 2024.

I am available to help at a checkpoint during the Cross Country event.

Parent/Caregiver's Name: _____

I grant / do not grant (please circle) permission for photos of activities undertaken at the Sutton Public School Cross Country that include my child to be used in publications and media reports (for educational or promotional purposes)

Signed: _____ **Date:** _____

Medical Information

Does your child suffer from any medical condition? (asthma, diabetes, epilepsy, etc.) Please note details of any medical management program that staff may need to be aware of.

Give details of any medication (and dispensing routine) that your child is currently taking.

Give details of any allergy your child has to common foods, plants, insect bites, medications (eg. Penicillin) _____

Is there any other health related information that we may need to be aware of that may impact on any of the activities undertaken during the activity?

Signed: _____ **Date:** _____

"Accurate and current medical and contact information is required for the safety of students attending this activity. This information will be held by the teacher-in-charge of the excursion and will not be used for any other purpose. The information may be disclosed to other agencies in the event of an emergency or if medical treatment is required. The information will be treated confidentially and will be destroyed at the conclusion of the excursion"