

# PERFORMING ARTS FESTIVAL

## Rehearsal Day and Performance Day

|                |  |
|----------------|--|
| EVENT:         | Performing Arts Festival and Ten Pin Bowling @ Lismore Ten Pin Bowling   |
| DATE/S/ Venue: | Monday 28 <sup>nd</sup> August - PAF Rehearsal, lunch in the park and bowling.<br>Thursday 31 <sup>st</sup> August Matinee Performance |
| COST:          | Nil / P&C covering cost  |
| TRANSPORT:     | BUS  |

DETAILS BELOW ARE FOR THE TEACHER SUPERVISING STUDENTS TO HAVE THE LATEST INFORMATION  
IN THE CASE OF AN EMERGENCY ON THE DAY

**Student Details** (Please print clearly)

Student / s Full Name: \_\_\_\_\_

Parents/Caregiver Full Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Medicare No.: \_\_\_\_\_

**Emergency Contact-**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ **If applicable.**

Does your child suffer from asthma? \_\_\_\_\_

**Health Care Plan Required YES or No.**

Please ensure your child has their Health Care Plan with their reliever with them or other medication AND that the accompanying teacher is fully aware of any medical needs on the day.

### **Travel Details**

My child WILL travel by bus to and from Lismore Workers Club on a bus and will walk to the park and participate in bowling at the Lismore Ten Pin Bowling Centre.

### **Parental Consent**

- I understand my child will to bring or wear:
  - School shirt, school hat, covered shoes, packed morning tea, lunch and water bottle.
- I understand my child will be under the supervision of their teachers.
- I have read the information issued and I hereby consent to my child participating in this event.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.

I have made online payment on (date) \_\_\_\_\_ (see new payment tab on school web site)

**SIGNED:** \_\_\_\_\_ (Parent/Guardian)      **DATE:** \_\_\_\_\_