



# Bellinghen Public School

William Street  
PO Box 42  
Bellinghen NSW 2454

Principal:  
Phone:  
Fax:  
Email:  
Web:

Vanessa Cavanagh  
02 6655 1147  
02 6655 2615  
bellinghen-p.school@det.nsw.edu.au  
<https://bellinghen-p.schools.nsw.gov.au/>

## Hockey Gala Day Permission Note

28<sup>th</sup> April, 2021

Dear Parent/ Guardian.

Bellinghen Primary School's Boy's and Girl's Hockey team are invited to an annual Hockey Gala Day. We will be competing at The Coffs Harbour Hockey fields Wednesday 5<sup>th</sup> May. They will be accompanied by Ms Taylor.

Date: Wednesday 5<sup>th</sup> May

Venue: Hockey Coffs Coast grounds, corner of Stadium & Phil Hawthorn Drives

Time: 9am – 2pm

Transport: Students will require private transport to and from the event

Cost: No cost

Canteen: None provided, children must bring sufficient food and water for the day.

Uniform: School shirts, shorts, hat and acceptable foot wear.

Equipment: Students will need their own mouthguard (cannot take the field without one) and shin pads, long socks and any other safety gear such as sunscreen, hats or raincoats if rain is predicted etc. Students can bring their own hockey stick, or let Ms Taylor know if you need to borrow a stick from the school.

This excursion has the approval of the Principal.

**Important:** If your child has music tuition on this day please inform their tutor.

Kathryn Taylor  
Organiser

Ness Cavanagh  
Principal

## Hockey Gala Permission Note Wednesday 5<sup>th</sup> May

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the Hockey gala day to be held at Hockey Coffs Coast grounds on Wednesday 5<sup>th</sup> May, 2021 from 9am – 2pm

In the case of an accident or emergency I give permission for you to obtain medical assistance for my child.

YES NO

I give permission for the attending **medical officer** to administer any medications, including an Epi pen they feel is necessary for the treatment of my child. YES NO

My child has the following medical conditions or allergies that you need to be aware of

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
(Parent/ Caregiver)

Contact Number: \_\_\_\_\_