



HORNSBY NORTH PUBLIC SCHOOL

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SPORT AT ROFE PARK – YEARS K-2

Dear Parents/Caregivers,

During the year to allow children to further develop their games skills we will require larger areas of space to allow them to participate fully in some activities.

Therefore, in some physical education and sports sessions it will be necessary for certain sporting groups of children to undertake their sporting activities at Rofe Park.

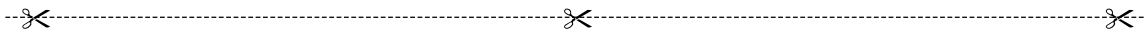
Children in Years K-2 participate in sport on Thursday mornings before recess.

Please notify the school if your child develops health care needs or if there are changes to an existing medical condition. Please note: - If your child sustains a concussion, or experiences any concussion symptoms, in the 14 days period prior to a game or training commencing, you must report this to the school, and a medical clearance is required in order for your child to participate.

Would you please fill in the permission note below and return to your child’s class teacher.

Chad Lawrence
Sports Coordinator

Matt Pinchbeck
Principal



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I hereby consent to my child _____

of Class _____ participating in organised school sport activities at Rofe Park.

I will notify the school if my child develops health care needs or if there are changes to an existing medical condition.

I understand the children will be under teacher supervision while walking to the park and whilst participating in the sporting activities.

I understand that The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education’s policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Signed: _____

Date: _____

Parent / Guardian