



**FAIRY MEADOW
DEMONSTRATION SCHOOL**
Delivering excellence, success & opportunity

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Fairy Meadow
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F.M.D.S. ATHLETICS CARNIVAL 2021

Dear Parents/ Caregivers,

The school will be holding the Annual Athletics Carnival in the school grounds and Guest Park. As it is a whole school activity all children are expected to attend and will be competing in Age groups. The aim of the day is for students to attempt to qualify for the district carnival, but also to promote Athletics, get active and most of all have fun!

Date: Tuesday 15th (full day Field Events) and Thursday 17th June (1/2 day am - Field Events), Friday 18th June (Running Events)

Venue: FMDS and Guest Park

Time: All children need to assemble at the school for regular morning assembly

Cost: There is no cost associated with the carnival. Lunch orders and canteen will operate as normal.

Need to bring: All children should wear their Sport Uniform, or a shirt in house colours, and joggers. Bring a hat and a jacket or jumper. Sunscreen must be worn. Children must have recess, lunch and drinks with them (as per a regular school day). On Friday 18th we suggest that students bring 2 bottles of water because we are in Guest Park for the day.

SENIOR CARNIVAL

The Senior Carnival includes all students from Years 2-6.

Events: High Jump, Long Jump, Shot-Put, Discus, 100m sprints, 200m, 800m (1500m will be run on a separate day).

P-1 CARNIVAL

The P-1 carnival will also run on Friday 18th June.

Medical Conditions

If your child has a medical condition that is not documented via a plan held at the school office (e.g. asthma or anaphylaxis plan), please return the form to the school office as soon as possible.

Thank you for your cooperation and we look forward to seeing you on the day.

Athletics Committee

Mrs Alison Rourke
Principal

F.M.D.S. K-6 ATHLETICS CARNIVAL 2021

(Existing Medical Conditions)

Please be advised that my child _____ of
class _____ and D.O.B. _____ suffers the following medical
conditions (that are not already known by the school via an official medical plan*):

Condition

Medication

Treatment

****Specialised medical plans designed by your doctor e.g. anaphylaxis, allergies, asthma, diabetes etc., are already on record and available to staff if you've submitted them previously. Students with these existing plans ARE NOT REQUIRED to submit this form unless details on the plan have changed.***

Parent Name: _____

Parent Signature: _____

Date: _____

