



Tuggerah Public School

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30 May 2025

Dear Parent / Carer,

PSSA Classic Shield Rugby League Knockout

Once again, with the support of the NRL, gala days are being conducted in our region for the Classic Shield Rugby League Knockout and your child has been selected to represent our school.

Date: Tuesday 24th June 2025

Venue: Darren Kennedy Oval, Evans Road, Noraville

Time: Students to arrive at Darren Kennedy Oval by 9.00am. The day will conclude by 2.00pm.

Cost: There is no cost for this activity.

Permission Note due no later than: Friday 20th June 2025

Transport Arrangements: Own arrangements via parent/carers transport.

What to bring / clothing: Students are to wear football shorts, socks and boots, school sport t-shirt and a hat. Please apply sunscreen at home. A correctly fitted mouthguard is mandatory in all games.

Food: Students to bring recess and lunch as normal. Please also bring a water bottle.

Accident insurance information

In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

Concussion management

When a student enrolled in a government school is diagnosed with concussion, the principal must be advised in writing as soon as the diagnosis is confirmed. Students may only return to sport and physical activity once a medical clearance has been provided to the school and, if at a school sport event, to the supervising teacher.

Any student that experiences a suspected concussion during a school-endorsed activity, will be removed from the activity and parents/carers will be advised that a medical follow-up is required.

If medical clearance is not provided, the student cannot participate in vigorous or competitive school sport or physical activities for 21 days from the concussion date.

Return permission slip to the office by Friday 20th June 2025.

I give / do not give permission for _____ of class _____ to attend the PSSA Classic Shield Rugby League Knockout at Darren Kennedy Oval, Noraville, on Tuesday 24th June 2025. I understand the transport arrangements for this activity are via parent / carer transport.

- I confirm that my child has the necessary skills and experience to participate in this collision sport at the event/program level, either through a school-based training/coaching program or a community sports club.
- I understand that the wearing of a correctly fitted mouthguard is mandatory in all games and training sessions. My child will bring their own correctly fitted mouthguard.
- I acknowledge while efforts are made to minimise the possibility of injury, there will remain some degree of risk inherent in participation in this collision sport.
- * I acknowledge that my child will receive first aid or medical care during the event if required. The NSW Ambulance Schools and Group Cover Scheme 2024 (ASGCS) is an insurance policy that provides coverage for emergency ambulance services to NSW public school students attending approved, fully supervised school activities.
- I acknowledge my child has no medical condition or injury that places them at risk by participating in this event.
- I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.
- If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during a school activity, they will be removed from the activity and medical follow-up recommended.

Signed (parent/carers): _____ Date: _____

Parent's daytime contact no.: _____

Please list any medical issues we need to be aware of in relation to this activity: