## St John Paul II Catholic College

FORMERLY KNOWN AS TERRA SANCTA COLLEGE

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SCHOFIELDS CAMPUS Years 7 – 10 Ph: 9208 7200 Fax: 9208 7230

NIRIMBA CAMPUS Years 11 & 12 Ph: 9208 7200 Fax: 9208 7290

## Excursion Information Museum of Disease - Year 12 Biology Tuesday, 2 May 2017

8 March 2017

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission/Medical Information Form/Payment Envelope and return it to the organising teacher via the College Office no later than Thursday, 20 April 2017.

Name of Organising Teacher: Mrs Raquel Sheehy

**Excursion Date:** Tuesday, 2 May 2017

Venue Name: UNSW Museum of Human Disease

Address/Location: Ground Floor, Samuels Building UNSW

Cnr High & Botany Sts, Kensington

Why students should attend: Students preparing for the HSC in Biology will benefit greatly

from the hands on experiences available. The Museum of Disease is a unique opportunity to complement their learning about the topic Search for Better Health and to visit a large University Campus. While this is not a compulsory excursion, students who attend will certainly be at an advantage in meeting and understanding the related outcomes of the

Biology course.

The cost of the event is: \$25 (\$12 for museum entry and \$13 for transport cost) to be

placed in attached envelope and returned to college office

**Departure point and time:** Nirimba Campus 9.00 am

**Return point and time:** Nirimba Campus 2.30 pm

Students will be transported by:

Bus

**Students are to wear:** Full College Summer Uniform

Other requirements: Students are to bring a clipboard and pen with them to

complete the activities.

**Emergency contact details:** If Parents/Caregivers need to contact their child urgently or

should your child not be home when expected please contact the organising teacher on 0434 814 526 (Nir) or the College

on 9208 7200.

## PERMISSION /MEDICAL INFORMATION / PAYMENT ENVELOPE Museum of Disease - Year 12 Biology Tuesday, 2 May 2017



(To be completed by Parent/Caregiver and returned to <b>Mrs Raquel Sheehy</b> via the college office no later than later than Thursday, 20 April 2017).	
I give permission for my child	
to attend the above excursion at:  UNSW Museum of Human Disease, Ground Floor, Samuels Building UNSW Cnr High & Botany Sts, Kensington.  The cost of the excursion is \$25 (\$12 for museum entry and \$13 for transport cost) to be placed in attached envelope and returned to college office Please find enclosed \$  I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.	
Parent/Caregiver signature	Date
MEDICAL INFORMATION FORM	
Teachers Name: Mrs Raquel Sheehy	
Student Name:	Homeroom:
Address:	
Date of Birth:	Age at 2017 Birthday:
Home Telephone Number:	
Parents/Caregivers Work Telephone Number:	
Parents/Caregivers Mobile Number:	
<b>Emergency Contact Phone Number:</b>	
Family Doctor Name:	
Family Doctor Phone Number:	
List of any medications your child will be taking on the day:	
Medicare Number:	Private Health Fund:
Please list any medical/other conditions <i>Eg: Anaphylaxis (peanuts) - administer Epi- Pen immediately:</i>	

Dissection Code: 030-335