



## Excursion Information

### Year 11 SLR 2Unit - Aquatics Unit of Study

### Commencing: Monday, 6 March 2017

3 February 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 Slip/Medical Information Form and return it to the organising teacher via the College Office no later than Thursday, 9 March 2017.

**Organising Teacher:** Ms C Cartagena

**Excursion Dates:** During normal timetabled classtimes on the following dates in March:

Week7: Mon 6 - 10.30am-12.00pm (Per3&4)

Fri 10 - 12.30pm-2.15pm (Per5&6)

Week 8: Tue 14 - 12.30pm - 2.15pm (Per5&6)

Fri 17 - 8.10am-9.50am (Per1&2)

Week 9: Mon 20 - 10.30am-12.00pm (Per3&4)

Fri 24 - 12.30pm-2.15pm (Per5&6)

Week10: Tue 28 - 12.30pm-2.15pm (Per5&6) - Presenting practical activities

Fri 31 - 8.10am-9.50am (Per1&2) - Presenting practical activities

**Venue Name:** Nirimba Swimming Pool

**Address/Location:** Nirimba Education Precinct, Quakers Hill

**Why students should attend:** This excursion is compulsory for Year 11 SLR students as they will be conducting a practical assessment for their Aquatics Unit of Study.

**The cost of the event is:** No Cost

**Departing & Return point:** Nirimba Campus

**Transport details:** Walking to and from venue

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

**Other requirements:** Sunscreen, a hat, a towel, swimwear and wet weather gear, water bottle

**Emergency contact details:** If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.

## PERMISSION / MEDICAL INFORMATION FORM

### Year 11 SLR 2Unit - Aquatics Unit of Study

Commencing: Monday, 6 March 2017

(To be completed by Parent/Caregiver and returned to Ms C Cartagena via the college office no later than Thursday, 9 March 2017)

I give permission for my child \_\_\_\_\_ of Homeroom \_\_\_\_\_ to attend the above excursion at Nirimba Swimming Pool, Nirimba Education Precinct, Quakers Hill .

Please tick necessary boxes:

- ☐ I have completed the Medical Information Form below and I have read and understand the information regarding this carnival.
- ☐ I understand that students must wear full College Sport Uniform.

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

### MEDICAL INFORMATION

Student full name: \_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_,

☐ In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

<b>Teachers Name: Ms C Cartagena</b>	
<b>Student Name:</b>	<b>Homeroom:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Age at 2017 Birthday:</b>
<b>Home Telephone Number:</b>	
<b>Parents/Caregivers Work Telephone Number:</b>	<b>Parents/Caregivers Mobile Number:</b>
<b>Emergency Contact Phone Number:</b>	
<b>Family Doctor Name:</b>	
<b>Family Doctor Phone Number:</b>	
<b>List of any medications your child will be taking on the day:</b>	
<b>Medicare Number:</b>	<b>Private Health Fund:</b>
<b>Pre-existing illness/medical condition/injury/allergies:</b>	
<input type="checkbox"/> Can Swim 25 metres <input type="checkbox"/> Cannot Swim 25 metres <input type="checkbox"/> Cannot Swim at all	