



Excursion Information

Aboriginal & Torres Strait Islander Student Conference - UWS Nirimba Wednesday, 18 October 2017

7 August 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 Monday, 16 October 2017.

Name of Organising Teacher:	Mr N Wijsekera
Excursion Date:	Wednesday, 18 October 2017
Venue Name:	Western Sydney University
Address/Location:	Building U10, Nirimba Education Precinct, Quakers Hill
The cost of the event is:	No Cost
Starting point and time:	Schofields Campus and then Nirimba Campus, 9.30am
Finishing point and time:	Nirimba Campus and then Schofields Campus, 2.15pm
Transport details:	College Minibus
Students are to wear:	Full College Summer Uniform
Emergency contact details:	If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.

PERMISSION / MEDICAL INFORMATION FORM
Aboriginal & Torres Strait Islander Student Conference - UWS Nirimba
Wednesday, 18 October 2017



(To be completed by Parent/Caregiver and returned to the organising teacher via the College Office no later than Monday, 16 October 2017).

I give permission for my child _____ of Homeroom _____ to attend the above excursion at Western Sydney University, Building U10, 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.

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

Parent/Caregiver Signature

Date

MEDICAL INFORMATION

Teachers Name: Mr N Wijsekera	
Student Name:	Homeroom:
Address:	
Date of Birth:	Age at 2017 Birthday:
Home Telephone Number:	
Parents/Caregivers Work Telephone Number:	Parents/Caregivers Mobile Number:
Emergency Contact Phone Number:	
Family Doctor Name:	
Family Doctor Phone Number:	
List of any medications your child will be taking on the day:	
Medicare Number:	Private Health Fund:
Pre-existing illness/medical condition/injury/allergies:	