



Excursion Information

Indigenous Conference WSU Nirimba - Yr11 Hospitality Assisting

Wednesday, 18 October 2017

28 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:	Miss L Zmijewski	
Excursion Date:	Wednesday, 18 October 2017	
Venue Name:	U-10 Western Sydney University	
Address/Location:	Building U10, Nirimba Education Precinct, Quakers Hill	
Why students should attend:	The conference is part of the Indigenous mentoring program run by the precinct partners. Year 11 Hospitality students are assisting as part of their Hospitality course.	
The cost of the event is:	No Cost	
Starting point and time:	Nirimba Campus	8.15am
Finishing point and time:	Nirimba Campus	2.15pm
Transport details:	College Minibus Students will travel on the school bus with Ms Zmijewski to the venue.	
Students are to wear:	Full Hospitality Uniform	
Emergency contact details:	If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.	

PERMISSION / MEDICAL INFORMATION FORM
Indigenous Conference WSU Nirimba - Yr11 Hospitality Assisting
Wednesday, 18 October 2017



(To be completed by Parent/Caregiver and returned to **Miss L Zmijewski** 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 U-10 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: Miss L Zmijewski	
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:	