



## Excursion Information

### History Mastermind Competition

### Friday, 24 November 2017

17 November 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, 20 November 2017**.

**Name of Organising Teacher:** Mrs Belinda Judson

**Venue Name & Location:** St Clair High School  
Endeavour Road, St Clair

**Why students should attend:** The History Mastermind Competition focuses on the learning of Stage 4 History at the school. Students will participate in different games and quizzes based upon their studies. The competition is aimed to further develop and extend the students' knowledge in History.

**Start location & time:** Schofields Campus 8.00am

**Return location & time:** Schofields Campus 3:00pm

As this event occurs outside school hours Parents/Caregivers are responsible for transporting their child from the College to home.

**Student transported by:** College Bus

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

**Students must bring:** Students are to bring their own lunch and recess. The school canteen will also be available to students.

**Emergency contact details:** If Parents/Caregivers need to contact their child urgently or should your child not be home when expected please contact the organizing teacher on 0434 895 095 (Sch) or the College on 9208 7200.

**PERMISSION/MEDICAL INFORMATION FORM**  
**History Mastermind Competition**  
**Friday, 24 November 2017**



(To be completed by Parent/Caregiver and returned to **Mrs Belinda Judson** via the College office no later than **Monday, 20 November 2017**).

I give permission for my child \_\_\_\_\_ of Homeroom \_\_\_\_\_ to attend the above event.

☐ I have completed the Medical Information Form below and I have read and understand the information regarding this event.

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

<b>Teachers Name: Mrs Belinda Judson</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>	