



Learning Enrichment Information

Quakers Hill Nursing Home - Community Service Learning Enrichment Commencing Thursday, 9 February 2017 and each Thursday in Term 1

7 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 February 2017.

Name of Organising Teacher:	Ms L Zmijewski
Excursion Date:	Thursday, 9 February 2017
Venue Name:	Quakers Hill Nursing Home
Address/Location:	Hambledon Road, Quakers Hill
Why students should attend:	Year 9 & 11 students are given the opportunity to visit the residents of a nursing home as a Community Service during Learning Enrichment class.
The cost of the event is:	No Cost
Starting point and time:	Schofields and Nirimba Campus, 12.30am
Finishing point and time:	Schofields Campus, 2.00pm
Transport details:	Year 9 students will walk from Schofields Campus with Ms Zmijewski to and from the venue. Year 11 students will walk from Nirimba Campus with either Mr Wijesekera or Ms Shaw to the venue. Year 11 students will return to Schofields Campus with Ms Zmijewski and Year 9 where all students will be dismissed at 2.15pm.
Students are to wear:	Full College Sport Uniform
Emergency contact details:	If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.

PERMISSION /MEDICAL INFORMATION
Quakers Hill Nursing Home - Community Service Learning Enrichment
Commencing Thursday, 9 February 2017 and each Thursday in Term 1



(To be completed by Parent/Caregiver and returned to Ms L Zmijewski via the college office no later than Thursday, 9 February 2017).

I give permission for my child _____ of homeroom _____ to attend the above Learning Enrichment being held at Quakers Hill Nursing Home, Hambledon Road, Quakers Hill.

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

Teachers Name: Ms 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:	