



Representative Sport Information

Term 1 & 2 MCS Rugby League

Commencing: Thursday, 16 March 2017

9 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 Wednesday, 8 March 2017.

Name of Organising Teacher: Mr C Chapman

Game and Training Dates: Game Dates: Thursdays

Terms 1&2: 16 March - 22 June

Term 2: Final date to be advised - dependant on finals and place in competition ladder

Training Dates: Thursdays at Nirimba

Venue Name: Various School and Council Venues

Address/Location: Venues will be confirmed when the draw is finalised

The cost of the event is: No Cost

Departure point and time: Schofields Campus and then Nirimba Campus, 12.00pm

Return point and time: Nirimba, BP Hambledon Rd, Schofields Campus, by 4.00pm

Students are to wear: Full College Sport Uniform

Other requirements: Drink, hat, sunscreen, boots, mouthguard and protective gear. Rugby League socks and shorts are available from the uniform shop.

Students will be transported by: Bus

Other Transport Details: As this event occurs outside normal school hours Parents/Caregivers are responsible for transporting their child from the chosen return point to home.

Sports Information Line: N/A

Emergency contact details: If Parents/Caregivers need to contact their child urgently or should your child not be home when expected please contact the organising teacher on 0447 277 254 (Sport Coord) or the College on 9208 7200.

PERMISSION /MEDICAL INFORMATION **Term 1 & 2 MCS Rugby League** **Thursday, 16 March 2017**

(To be completed by Parent/Caregiver and returned to **Mr C Chapman** via the College office no later than Wednesday, 8 March 2017).

I give permission for my child _____ of homeroom _____ to attend the above Representative Sport. I understand that: Venues will be confirmed when the draw is finalised.

- ☐ I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.
- ☐ I understand that this excursion occurs outside normal school hours and that I will be responsible for transporting my child from the chosen return point to home.
- ☐ 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

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

Teachers Name: Mr C Chapman	
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:	