



## Learning Enrichment Information

### Quakers Hill Nursing Home Community Service Yr12CAS LENR

#### Commencing: Terms 2&3 - Every Wednesday Periods 3&4

1 May 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 Tuesday, 9 May 2017.

<b>Name of Organising Teacher:</b>	Nal Wijesekera
<b>Excursion Date:</b>	Thursday, 4 May 2017
<b>Venue Name:</b>	Quakers Hill Nursing Home
<b>Address/Location:</b>	Hambledon Road, Quakers Hill
<b>Why students should attend:</b>	As part of the Year 12 Catholic Studies "Community Service" unit each Year 12 CAS class will visit the nursing home once a fortnight.
<b>The cost of the event is:</b>	No Cost
<b>Starting point and time:</b>	Nirimba Campus, 10.35am
<b>Finishing point and time:</b>	Nirimba Campus, 11.45am
<b>Transport details:</b>	Year 12 Catholic Studies students will be transported to and from venue by school bus.  Students will return to the college in time for normal afternoon classes.
<b>Students are to wear:</b>	Full College Winter Uniform
<b>Emergency contact details:</b>	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 Yr12CAS LENR**  
**Commencing Terms 2&3 - Every Wednesday Periods 3&4**

(To be completed by Parent/Caregiver and returned to Nal Wijsekera via the college office no later than Tuesday, 9 May 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

<b>Teachers Name: Nal Wijsekera</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>	