



Sporting Event Information

Primary School Soccer Gala Day

Thursday, 26 May 2016 and Thursday, 2 June 2016

24 May 2016

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/Medical Information and return it to the organising teacher via the College Office no later than Tuesday, 24 May 2016.

Name of Event Organiser:	Chris Chapman
Date of Event:	Thursday, 26 May 2016
Address/Location of Event:	Jamieson Park, Penrith York Rd, Penrith
Supervising teacher details:	No St John Paul II teachers will be attending this event. Mary Immaculate staff will supervise St John Paul II students.
Why students should attend:	Selected Year 10 students with Soccer referee qualifications will be assisting at the Mary Immaculate Soccer Gala Day.
The cost of the event is:	No Cost
Departure point and time:	Students are required to arrive at Mary Immaculate Primary School by 7:15am
Return point and time:	Mary Immaculate Primary School - 3pm
Students are to wear:	Full College Sport Uniform
Students will be transported by:	Bus
Outside school hours details:	As this event occurs outside school hours, Parents/Caregivers will be responsible for transporting their child to and from Mary Immaculate Primary School.
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
Primary School Soccer Gala Day
Thursday, 26 May 2016 and Thursday, 2 June 2016



(To be completed by Parent/Caregiver and returned to **Chris Chapman** via the college office no later than **Tuesday, 24 May 2016**)

I give permission for my child _____ of homeroom _____ to attend the above event being held at Jamieson Park, Penrith, York Rd, Penrith.

- 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 to and from the school/venue and 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

Teachers Name: Chris Chapman	
Student Name:	Homeroom:
Address:	
Date of Birth:	Age at 2016 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:	