



Representative Sport Information

Term 4 MCCS Oz Tag

Commencing: Thursday, 12 October 2017

20 September 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/Medical Information Form and return it to the organising teacher via the College Office no later than Tuesday, 10 October 2017.

Name of Organising Teacher:	Mr C Chapman
Game and Training Dates:	<u>Game Dates: Thursdays</u> Term 4: 12 October - 14 December 2016 Training Dates: None
Venue Name:	Doyle Park, Parramatta
Address/Location:	Isabella Street, North Parramatta
Why students should attend:	The student is given the opportunity to represent the College and compete against other schools in the MCCS Oz Tag Competition
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:	Water bottle, sunscreen. Students should wear appropriate footwear with ankle support.
Students will be transported by:	Bus
Other Transport Details:	As this event occurs outside normal school hours Parents/Caregivers are responsible for transport of their child from the chosen return point to home.
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

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Commencing: Thursday, 12 October 2017



(To be completed by Parent/Caregiver and returned to the the organising teacher via the College Office no later than Tuesday, 10 October 2017)

I give permission for my child _____ of homeroom _____ to attend the above event being held at Doyle Park, Parramatta, Isabella Street, North Parramatta.

- I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.
- I understand that this event occurs outside normal school hours and that I will be responsible for transporting my child from the College 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:	