



Representative Sport Information

MCS Athletics Carnival

Thursday, 30 August 2018

24 August 2018

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 Mr Brad Horder no later than Wednesday, 29 August 2018.

Name of Event Organiser:	Mr Brad Horder
Date:	Thursday, 30 August 2018
Venue:	Sydney Olympic Park Athletics Centre Edwin Flack Avenue, Sydney Olympic Park, Homebush
Why Students Should Attend:	Students have been given the opportunity to represent the college at the MCS Athletics Carnival
Cost:	No Cost
Departure Point & Time:	Schofields Campus, 7:30am
Return Point & Time:	Schofields Campus, 3.30pm
Transported By:	Bus As this excursion falls outside school hours Parents/Caregivers will be required to arrange transport for their child to and from Schofields Campus and home.
Students Wear:	Full College Sport Uniform
Students Bring:	Lunch, Drink bottle, any appropriate athletics equipment
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 0402 200 479 (Sport Coord) or the College on 9208 7200.



PERMISSION /MEDICAL INFORMATION
MCS Athletics Carnival
Thursday, 30 August 2018

(To be completed by Parent/Caregiver and returned to **Mr Brad Horder** via the college office no later than Wednesday, 29 August 2018)

I give permission for my child _____ of homeroom _____ to attend the above event being held at Sydney Olympic Park Athletics Centre, Edwin Flack Avenue, Sydney Olympic Park, Homebush.

- 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 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 _____

Teachers Name: Mr Brad Horder	
Student Name:	Homeroom:
Address:	
Date of Birth:	Age at 2018 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:	