



## Representative Sport Information

### Term 4 MCCS Oz Tag

### Commencing: Thursday, 18 October 2018

16 October 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 the organising teacher via the College Office no later than Wednesday, 17 October 2018.

<b>Name of Organising Teacher:</b>	Mr B Horder
<b>Game and Training Dates:</b>	<u>Game Dates: Thursdays</u> Term 4: 18 October - 13 December 2018 Training Dates: None
<b>Venue Name:</b>	Doyle Park, Parramatta
<b>Address/Location:</b>	Isabella Street, North Parramatta
<b>Why students should attend:</b>	The student is given the opportunity to represent the College and compete against other schools in the MCCS Oz Tag Competition
<b>The cost of the event is:</b>	No Cost
<b>Departure point and time:</b>	Schofields Campus and then Nirimba Campus, 12.00pm
<b>Return point and time:</b>	Nirimba, BP Hambledon Rd, Schofields Campus, by 4:00pm
<b>Students are to wear:</b>	Full College Sport Uniform
<b>Other requirements:</b>	Water bottle, sunscreen. Students should wear appropriate footwear with ankle support.
<b>Students will be transported by:</b>	Bus
<b>Other Transport Details:</b>	As this event occurs outside normal school hours Parents/Caregivers are responsible for transport of their child from the chosen return point to home.
<b>Emergency contact details:</b>	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

## Term 4 MCCS Oz Tag

### Commencing: Thursday, 18 October 2018



(To be completed by Parent/Caregiver and returned to the the organising teacher via the College Office no later than Wednesday, 17 October 2018)

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: \_\_/\_\_/\_\_

<b>Teachers Name: Mr B Horder</b>	
<b>Student Name:</b>	<b>Homeroom:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Age at 2018 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>	