



## Excursion Information

### Aboriginal & Torres Strait Islander Student Conference - WSU Nirimba Tuesday, 14 August 2018

30 July 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 Slip/Medical Information Form and return it to Mr N Wijesekera no later than Friday, 10 August 2018.

<b>Name of Organising Teacher:</b>	Mr N Wijesekera
<b>Excursion Date:</b>	Tuesday, 14 August 2018
<b>Venue Name:</b>	Western Sydney University
<b>Address/Location:</b>	Building U10, Nirimba Education Precinct, Quakers Hill
<b>The cost of the event is:</b>	No Cost
<b>Starting time:</b>	Year 10: 9.00am Year 11: 9.15am
<b>Finishing time:</b>	Year 10: 1.45pm Year 11: 2.00pm
<b>Transport details:</b>	Year 10 students will be transported to and from the venue by College Bus. Year 11 students will walk to and from the venue with Mrs Fitzsimons
<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 FORM**  
**Aboriginal & Torres Strait Islander Student Conference - WSU Nirimba**  
**Tuesday, 14 August 2018**



(To be completed by Parent/Caregiver and returned to Mr N Wijesekera no later than Friday, 10 August 2018).

I give permission for my child \_\_\_\_\_ of Homeroom \_\_\_\_\_ to attend the above excursion at Western Sydney University, Building U10, Nirimba Education Precinct, Quakers Hill.

Please tick necessary boxes:

- I have completed the Medical Information Form below and I have read and understand the information regarding this carnival.
- 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**

<b>Teachers Name: Mr N Wijesekera</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>	