



Excursion Information

Captivate 10th Anniversary Rehearsal

Tuesday, 31 July 2018 & Monday, 20 August 2018

26 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/Medical Information Form and return it to Mrs J Cauchi & Mrs A Saunders no later than Monday, 30 July 2018.

Name of Organising Teacher:	Mrs J Cauchi & Mrs A Saunders
Dates & Times:	Tuesday, 31 July 2018 & Monday, 20 August 2018
Venue Details:	Tue 31 July: Westmead Education Precinct, Catherine McAuley College, 2 Darcy Road, Westmead 2145 Mon 20 August: Quay Centre, Olympic Blvd, Sydney Olympic Park 2127
Why students should attend:	This event provides an excellent opportunity to develop performance skills.
Cost:	No Cost
Departure and Return point and time:	<u>Tue 31 Jul:</u> Year 7-10 students will be picked up from Schofields Campus at 9.00am and then Year 11-12 students from Nirimba at 9.15am Students will return to Schofields Campus at 2.15pm <u>Mon 20 Aug:</u> All students will be picked up from Schofields Campus at 7.30am Students will return to Schofields Campus at 3.45pm As this event occurs outside school hours Parents/Caregivers are responsible for organising the transport of their child between the college and home.
Students transported by:	Bus
Students are to wear:	Full College Sports Uniform, and appropriate performance attire
Other requirements:	Students must bring lunch and water
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 0434 895 095 (Sch) or via the College on 9208 7200.

PERMISSION / MEDICAL INFORMATION FORM

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(To be completed by Parent/Caregiver and returned to, Mrs J Cauchi & Mrs A Saunders no later than Monday, 30 July 2018).

I give permission for my child _____ of homeroom _____ to attend the Captivate 10th Anniversary Rehearsal.

- I have read and understand the information regarding this activity.
- I understand that I will be responsible for the transport of my child from Nirimba campus to home.
- I understand that in case of an emergency every effort will be made to contact me as soon as possible and that medical treatment will be given if needed.

Parent/Caregiver signature: _____ Date: _____ Contact Number: _____

MEDICAL INFORMATION

Teachers Name: Mrs J Cauchi & Mrs A Saunders	
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:	