## St John Paul II Catholic College

FORMERLY KNOWN AS TERRA SANCTA COLLEGE

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## **Representative Sport Information**

## MCS Athletics Carnival Thursday, 22 August 2019

19 August 2019

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, 21 August 2019.

Name of Event Organiser:

Mr Brad Horder

Date:

Thursday, 22 August 2019

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, 7:00am

**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

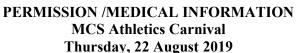
**Students Bring:** 

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.





(To be completed by Parent/Caregiver and returned to Mr Brad Horder via the college office no later than Wednesday, 21 August 2019) I give permission for my child of homeroom 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. Date \_\_\_\_ Parent/Caregiver signature **Teachers Name:** Mr Brad Horder **Student Name:** Homeroom: Address: Date of Birth: Age at 2019 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: