



Representative Sport Information

PDSSSC Girls Athletics Carnival

Friday, 30 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 Thursday, 29 August 2019

Name of Event Organiser:	Mr Brad Horder
Date of Event:	Friday, 30 August 2019
Venue:	Blacktown Olympic Park Cnr Eastern Road and Phillip Parkway, Rooty Hill
Why students should attend:	Students have been given the opportunity to represent the college at the PDSSSC Athletics Carnival
The cost of the event is:	No Cost
Departure point and time:	Schofields Campus, 7.00am
Return point and time:	Schofields Campus, 3:30pm
Outside school hours details:	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 will be transported by:	Bus
Students are to wear:	Full College Sport Uniform
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
PDSSSC Girls Athletics Carnival
Friday, 30 August 2019



(To be completed by Parent/Caregiver and returned to **Mr Brad Horder** via the college office no later than Thursday, 29 August 2019)

I give permission for my child _____ of homeroom _____ to attend the above event being held at Blacktown Olympic Park, Cnr Eastern Road and Phillip Parkway, Rooty Hill.

- ☐ 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 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:	