St John Paul II Catholic College

All correspondence to: 85 Hambledon Road, Schofields NSW 2762 EMAIL: stjohnpaul2@parra.catholic.edu.au WEBSITE: www.stjohnpaul2.catholic.edu.au



SCHOFIELDS CAMPUS Years 7 - 10 Ph: 9208 7200 Fax: 9208 7230

NIRIMBA CAMPUS Years 11 & 12 Ph: 9208 7200 Fax: 9208 7290

Excursion Information Term 3 Quakers Hill Nursing Home - Years 7-10 LENR Commencing Thursday 5th September and every Thursday in Term 3

1 September 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 Slip/Medical Information Form and return it to Ms Belinda Cavallaro no later than Thursday, 5 September 2019.

| Name of Organising Teacher: | Ms Belinda Cavallaro | |
|-----------------------------|---|--|
| Excursion Date: | Commencing Thursday 5th September and every Thursday in Term 3 | |
| Venue: | Quakers Hill Nursing Home Hambledon Road, Quakers Hill NSW 2763 | |
| Why students should attend: | Years 7-10 students are given the opportunity to visit the residents of a nursing home as a Community Service during Learning Enrichment class. | |
| Activities & Supervision: | Students break off into groups to talk with specific residents of the nursing home Knitting group will spend the term knitting beanies and bears for the troops in Afghanistan. Some groups are assigned Scrabble as well as Bingo. The staff member in charge of lifestyle at the nursing home assigns the tasks to the students and monitors them throughout. School teacher walks around to each group, engages in conversations and activities as well as supervise the students. | |
| The cost of the event is: | No Cost | |
| Starting point and time: | Schofields Campus, 12.30pm | |
| Finishing point and time: | Schofields Campus, 2.05pm | |
| Transport details: | The students will walk or catch the school bus from Schofields Campus with Ms Cavallaro to and from the venue. | |
| Students are to wear: | Full College Winter Uniform | |
| Emergency contact details: | If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200. | |

PERMISSION /MEDICAL INFORMATION Term 3 Quakers Hill Nursing Home - Years 7-10 LENR Commencing Thursday 5th September and every Thursday in Term 3



(To be completed by Parent/Caregiver and returned to **Ms Belinda Cavallaro** via the college office no later than **Thursday**, **5 September 2019**).

| I give permission for my child | of homeroom | to attend the |
|---------------------------------|---|---------------|
| above Excursion being held at Q | Quakers Hill Nursing Home, Hambledon Road, Quakers Hill | NSW 2763. |

I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.

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 |
|------------------|-----------|
|------------------|-----------|

| Teachers Name: Ms Belinda Cavallaro | | | | |
|---|-----------------------|--|--|--|
| 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: | | | | |