



Excursion Information

Penrith Lakes Scheme Field Trip - Yr 11 Biology

Friday, 16 July 2021

16 June 2021

Dear Parents/Carers,

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 **Mrs Raquel Sheehy** no later than **Thursday, 24 June 2021**.

Organising Teacher:	Mrs Raquel Sheehy
Date:	Friday, 16 July 2021
Venue:	Penrith Lakes Scheme 89-151 Old Castlereagh Rd, Cranebrook NSW 2749
Why students should attend:	This is a mandatory field experience that is the basis for Assessment Task 2. Students will gain hands-on experience of biological sampling and testing techniques.
Cost:	No Cost
Departure point and time:	Nirimba Campus, 8.00am
Return point and time:	Nirimba Campus, 2:15pm in time for normal afternoon buses
Students are to wear:	Full College Sport Uniform
Other requirements:	Pen, sunscreen, food (no canteen facilities available), water bottle, appropriate enclosed footwear, hat, writing pad/book
Students will be transported by:	Bus
Emergency contact details:	If Parents/Carers need to contact their child urgently or should your child not be home when expected please contact the organising teacher on 0434 814 526 (Nir) or the College on 9208 7200.

PERMISSION / MEDICAL INFORMATION FORM

Penrith Lakes Scheme Field Trip - Yr 11 Biology Friday, 16 July 2021



(To be completed by Parent/Carer and returned to **Mrs Raquel Sheehy** via the front office no later than **Thursday, 24 June 2021**).

I give permission for my child _____ of Homeroom _____ to attend the above excursion at Penrith Lakes Scheme, 89-151 Old Castlereagh Rd, Cranebrook NSW 2749.

- I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.
- 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/Carer Signature: _____ Date: _____

Teachers Name: Mrs Raquel Sheehy	
Student Name:	Homeroom:
Address:	
Date of Birth:	Age at 2021 Birthday:
Home Telephone Number:	
Parent/Carer Work Telephone Number:	
Parent/Carer 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. <i>eg: Anaphylaxis (peanuts) - administer Epi-Pen immediately:</i>	
My son/daughter: <input type="checkbox"/> Can Swim 25 metres <input type="checkbox"/> Cannot Swim 25 metres <input type="checkbox"/> Cannot Swim at all	