



## Excursion Information

### Western Sydney Careers Expo - Years 11 & 12

### Thursday, 24 June 2021

10 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 your Homeroom Teacher** no later than **Monday, 21 June 2021**.

<b>Organising Teacher:</b>	Mrs Rasha Fitzsimons
<b>Date:</b>	Thursday, 24 June 2021
<b>Venue:</b>	Sydney Showground Sydney Olympic Park, Homebush
<b>Why students should attend:</b>	Exhibitors include universities, TAFE colleges, employers, careers counsellors, organisations with apprenticeship information, providers of study skills programs, HSC resources and lecturers, international exchange and gap year advice.
<b>Cost:</b>	No Cost
<b>Departure Point &amp; Time:</b>	Nirimba Campus, 12.00pm
<b>Return Point &amp; Time:</b>	Nirimba Campus, 3.30pm
<b>Students will be transported by:</b>	Bus
<b>Students are to wear:</b>	Full College Winter Uniform
<b>Other requirements:</b>	Lunch, morning tea, afternoon tea, drinks throughout the day and sunscreen
<b>Emergency contact details:</b>	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 SLIP/MEDICAL INFORMATION**  
**Western Sydney Careers Expo - Years 11 & 12**  
**Thursday, 24 June 2021**



(To be completed by Parent/Carer and returned to **Mrs Rasha Fitzsimons** via the college office no later than **Monday, 21 June 2021**).

I give permission for my child \_\_\_\_\_ of Homeroom \_\_\_\_\_ to attend the above excursion at Sydney Showground, Sydney Olympic Park, Homebush.

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

<b>MEDICAL INFORMATION FORM</b>	
<b>Teachers Name: Mrs Rasha Fitzsimons</b>	
<b>Student Name:</b>	<b>Homeroom:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Age at 2021 Birthday:</b>
<b>Home Telephone Number:</b>	
<b>Parents/Carers Work Telephone Number:</b>	
<b>Parents/Carers Mobile Number:</b>	
<b>Emergency Contact Phone Number:</b>	
<b>Family Doctor Name:</b>	
<b>Family Doctor Phone Number:</b>	
<b>List of any medications your child will be taking on the day:</b>	
<b>Medicare Number:</b>	<b>Private Health Fund:</b>
<b>Pre-existing illness/medical condition/injury/allergies.</b> eg: <i>Anaphylaxis (peanuts) - administer Epi-Pen immediately:</i>	