Dear Parents and Guardians

St Gregory’s College is committed to providing excursion opportunities for students in the area of curriculum. Information regarding an excursion activity which has been organised for your son appears below. Please read the information on this page and then file for your reference. Please complete the Medical and Consent Form and return to the organising teacher. Students will not be able to attend the excursion unless a signed consent form is returned by the due date. Please contact the organising teacher for information or questions regarding this excursion.

<table>
<thead>
<tr>
<th>Excursion name or activity:</th>
<th>Year 12 Advanced English excursion to see a screening of the National Theatre’s production of <em>Hamlet</em>.</th>
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</table>
| Date:                      | Sunday, 8 November, 2015  
Session commences at 1.00pm.  
Students need to meet organising teacher outside the cinema at 12.30pm. |
| Educational objective(s):  | To broaden understanding of the play and heighten an appreciation of literature, specifically Shakespearean drama texts. |
| Venue details:             | Dendy Cinema - Opera Quays  
(02) 9247 3800 |
| Travel arrangements:       | Students will need to make their own transport arrangements to and from the venue. Please see accompanying letter. |
| Permission slip due date:  | Friday, 6 November, 2015  
(May be returned via email if signatures are included.) |
| Subject Coordinator        | Michelle Gardiner |
| Uniform details:           | Students are not required to wear the College uniform but should dress in neat casual attire. No thongs are permitted. |

Kind regards

Michelle Gardiner
Medical and Consent Form

Details

College
St Gregory’s College

Excursion

Date from

Date to

I, ________________________ parent / guardian of __________________________

(name of parent or guardian) (strike-out inapplicable) (name of student)

give:

1. permission for my child named above to attend the excursion described above, which I understand has been approved by the College Principal,

2. consent for my child to travel on or in any form of public or private transport where such transport is deemed by the College to be necessary or desirable for the safe conduct of the excursion,

3. consent for my child to participate in all activities, outings, trips and functions arranged as part of this excursion,

4. consent for the College, by its servants or agents:
   - to seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and
   - if, in the opinion of an attending medical or dental practitioner or medical officer (‘health practitioner’) my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment provided that reasonable efforts are made to inform me of any serious injury or illness,

5. certification that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the College while attending or participating in the excursion,

6. certification that I understand that the College will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child, and

7. certification that if my child should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my child and any adult supervisor that may be required to ensure the safety of my child during that transport.

Signature ____________________________ Date ____________________________

(Parent / Guardian)
Medical and Consent Form

Health Fund

Student’s date of birth ________________________________

Medicare no. ___________________________ Position on card ___________________________

Private health fund ___________________________ Membership no. ___________________________

Ambulance cover □ Yes □ No

Is your child in good health? □ Yes □ No

Does your child suffer any chronic illness or disability which may affect his participation in this excursion?

Details ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

Does your child suffer any allergy? □ Yes □ No

Details ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

Has your child suffered any acute illness in the past four months? □ Yes □ No

Details ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

Has your child been treated by a doctor in the past four weeks for illness that would prevent him participating in this excursion?

(If ‘Yes’ please attach a medical certificate outlining treatment and statement of your child’s fitness to attend this excursion)

□ Yes □ No

Has your child had any major surgery which may affect his participation in this excursion? □ Yes □ No

Details ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

Does your child need to take any form of medication during the excursion? □ Yes □ No

Medication ___________________________ Dosage __________ Frequency ____________ Medical purpose ____________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

This medication is to be kept on the excursion by: □ my child
Medical and Consent Form

Does your child have any special dietary requirements? ☐ Yes ☐ No
Details

Is there any other information you would like to give which, in your view, may affect your child’s participation in this excursion? ☐ Yes ☐ No

Contact details in case of accident or illness:
Name
Relationship to student
Phone (home) Phone (work)
Phone (mobile)

Name
Relationship to student
Phone (home) Phone (work)
Phone (mobile)

I understand that the information I provide on this form will be handled in accordance with the College Privacy Policy and the Privacy Act 1998. I give permission for my son to participate in this excursion.

Parent/Caregiver
Signature Date

Student
Signature Date Date