9 November 2015

Dear Parents and Guardians

St Gregory’s College is committed to providing excursion opportunities for boys in the area of the curriculum; and as part of the pastoral care and sporting programs. Information regarding an excursion activity which has been organised for your son appears below. Please read the information on this page and file for your reference. Complete the Medical and Consent Form (pages 3 to 5) 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 10 South Passage – Tall Ship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>25 November 2015 to 30 November 2015</td>
</tr>
<tr>
<td>Educational objective(s):</td>
<td>Syllabus outcomes: Pastoral Care Objective: Personal Development through challenging activities</td>
</tr>
<tr>
<td>Venue details:</td>
<td>Name: South Passage - Tall Ship Contact No: 07 3893 3777 Website: <a href="http://www.southpassage.org.au">www.southpassage.org.au</a></td>
</tr>
<tr>
<td>Travel arrangements:</td>
<td>Transport Method: Train to City Depart From: Campbelltown Station Depart Time: 5:00 am Return To: Campbelltown Station Return Time: 4:30 pm</td>
</tr>
<tr>
<td>Permission slip due date:</td>
<td>Monday 16 November 2015</td>
</tr>
<tr>
<td>Subject Coordinator or Year Coordinator:</td>
<td>Mr Veltrano</td>
</tr>
<tr>
<td>Uniform details:</td>
<td>Travel Clothes</td>
</tr>
<tr>
<td>Meal arrangements:</td>
<td>Meals provided</td>
</tr>
<tr>
<td>Equipment needed:</td>
<td>Back pack/hat/towel/sun screen/travel clothes</td>
</tr>
</tbody>
</table>

Kind regards

Mr Graeme Cook  
Organising Teachers
Medical and Consent Form

College  St Gregory’s College

Excursion  South Passage – Tall Ship

Date from  25 November 2015  Date to  30 November 2015

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?  □ Yes □ No

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?  □ Yes □ No

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

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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Medical purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Diet**

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

**Other**

**Emergency**

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