



## ST GREGORY'S COLLEGE CAMPBELLTOWN

100 Badgally Road, Gregory Hills 2557

Telephone 02 4629 4222

Facsimile 02 4628 1594

ABN 42 940 977 322

### Parent/Guardian Excursion Information

Dear Parents and Guardians

St Gregory's College is committed to providing excursion opportunities for boys in the area of the curriculum. Information regarding an excursion activity which has been organised for your son appears below. Please read the information on page 1 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.

<b>Excursion name or activity:</b>	<b>Year 10 Archibald Prize Exhibition 2017</b>			
<b>Date:</b>	9th August 2017			
<b>Educational objective(s):</b>	Students will view the 2017 Archibald Prize, which relates to their practical component of the current unit on self-portraits.			
<b>Venue details:</b>	Name: Art Gallery of New South Wales Address: Art Gallery Road, The Domain - Sydney NSW 2000 Australia Contact no.: 02 9225 1740 Web address: <a href="http://www.artgallery.nsw.gov.au">www.artgallery.nsw.gov.au</a>			
<b>Travel arrangements:</b>	<b>Transport Method: Train. Students to purchase train fare approx. \$7.00 return (Require to bring their Opal Card for travel)</b>			
	<b>Depart From:</b>	Campbelltown Station	<b>Depart Time:</b>	8.00AM
	<b>Return To:</b>	Campbelltown Station	<b>Return Time:</b>	3.04pm
<b>Permission slip due date:</b>	Friday 28 <sup>th</sup> July			
<b>Subject Coordinator or Year Coordinator:</b>	Miss Elissa Ferenc			
<b>Uniform details:</b>	Full Winter Uniform and school bags ( Small sports bags preferred by gallery)			
<b>Meal arrangements:</b>	Bring own packed lunch. Food is very expensive and the wait is always time consuming. The students are told not to rely on kiosk for food. But it is available if time permitted			
<b>Other information:</b>	<ol style="list-style-type: none"><li>1. It is an expectation that the College sport/school bag is used. Students will not be permitted to carry non-College school bags on excursions.</li><li>2. If students would like to return home at an earlier station on the East Hills line please provide this information on the back of the return slip. Signed from the parent/guardian.</li><li>3. All Students are to meet at Campbelltown station at the ticket booth at 8am. The entry cost to the exhibition has been covered in your school fees.</li></ol>			

Kind regards

**Elissa Ferenc**

**Visual Arts Coordinator**

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## Medical and Consent Form

Details

**College** St Gregory's College  
**Excursion** Archibald Prize Exhibition AGNSW  
**Date from** 9<sup>th</sup> August 2017 **Date to** 9<sup>th</sup> August 2017

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.

Permission

**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

Medication	Dosage	Frequency	Medical purpose
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This medication is to be kept on the excursion by:  my child

Medical Information

## Medical and Consent Form

**Does your child have any special dietary requirements?**

Yes  No

**Diet**

Details

**Other**

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:

**Emergency**

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.

**Authority**

**Parent  
/Caregiver  
Signature**

**Date**

**Student  
Signature**

**Date**

**Date**