



ST GREGORY'S COLLEGE CAMPBELLTOWN

100 Badgally Road, Gregory Hills, 2557

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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; 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 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.

Excursion name or activity:	2020 College Musical Rehearsals and Performances			
Date:	Various dates throughout Term 1 and 2, 2020 (See Schedule)			
Educational Objective(s):	Co-curricular Event			
Venue details:	St Patrick's College, 4 St Johns Road, Campbelltown 2560			
Travel arrangements:	Transport Method: Roach Coach (One way to St Patrick's College)			
	Depart From:	Senior College Bus Bay	Depart Time:	3.10pm
			Pick-up Time:	5.30pm
Permission slip due date:	19/02/20			
Event Coordinator:	Mrs Natasha Patao – Musical Coordinator			
Uniform details:	Standard College Uniform Students may bring and change into black, loose fitting clothing.			
Meal arrangements:	No canteen facilities. Students may bring an afternoon snack and drink to consume on the way to St Patrick's College.			
Other information:	Students are required to be collected at 5.30pm from St Patrick's College after every rehearsal. Students are required to be dropped and collected for all other rehearsals and performances (Sundays and Performances – Matinees and Evenings)			

Kind Regards
Natasha Patao
Organising Teacher

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Medical and Consent Form

Details

College St Gregory's College
Excursion 2020 College Musical Rehearsals and Performances (see schedule)
Date from 19/02/20 **Date to** 24/06/20

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 co-curricular rehearsals 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

Medical Information

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This medication is to be kept during rehearsals by: my child

Medical and Consent Form

Diet	<p>Does your child have any special dietary requirements? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Details _____</p> <p>_____</p> <p>_____</p>
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Other	<p>Is there any other information you would like to give which, in your view, may affect your child's participation in these rehearsals/performances. <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>_____</p> <p>_____</p>
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Transport	<p>I provide consent for my child that is in Year 12 to drive to and from St Patrick's College. As per the College Driving Policy, I understand they are only allowed to transport siblings.</p> <p>Parent Signature _____ Date _____</p>
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Emergency	<p>Contact details in case of accident or illness:</p> <p>Name _____</p> <p>Relationship to student _____</p> <p>Phone (home) _____ Phone (work) _____</p> <p>Phone (mobile) _____</p> <p>Name _____</p> <p>Relationship to student _____</p> <p>Phone (home) _____ Phone (work) _____</p> <p>Phone (mobile) _____</p>
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Authority	<p>I understand that the information I provide on this form will be handled in accordance with the College Privacy Policy and the <i>Privacy Act 1998</i>. I give permission for my son to participate in these rehearsals and performances.</p> <p>Parent /Caregiver Signature _____ Date _____</p> <p>Student Signature _____ Date _____ Date _____</p>
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