Dear Parents/Guardians

**SPORTS AND COLLEGE EVENTS PERMISSION SLIP**

Throughout the year the girls of MSCW attend a variety of sporting and College events. Please find below details on these carnivals and other events. Would you please read it, complete the permission slip and have your daughter return it to her Tutor. For ease of processing, where you have more than one daughter at the College please complete a separate form for each girl.

**Date & venue:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Term</th>
<th>Venue</th>
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<tbody>
<tr>
<td>Cross Country</td>
<td>Term 1</td>
<td>At the College, Weil Park &amp; Woolwich Rd</td>
</tr>
<tr>
<td>Athletics</td>
<td>Term 2</td>
<td>Sydney Athletics Centre, Homebush</td>
</tr>
<tr>
<td>Swimming</td>
<td>Term 4</td>
<td>Lane Cove Pool</td>
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<tr>
<td>Thursday Sport</td>
<td>All Year</td>
<td>Various Locations</td>
</tr>
<tr>
<td>Walkathon</td>
<td>TBA</td>
<td>Woolwich and surrounding suburbs</td>
</tr>
<tr>
<td>Marist Day</td>
<td>Term 2</td>
<td>Lunch may be eaten at Clarke’s Point/ Docklands</td>
</tr>
<tr>
<td>Yr 12 Farewell</td>
<td>Term 3</td>
<td>Lunch may be eaten at Clarke’s Point/Docklands</td>
</tr>
<tr>
<td>Subject lessons</td>
<td>All year</td>
<td>In areas on the peninsula</td>
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</table>

**Education Objectives:** To participate in College events in both sporting and community events. To learn from the local area in various Key Learning Areas

**Special Arrangements:**

1. **Transport:** Bus to and from the venue for the Athletics & Swimming Carnivals and Thursday Sport. Walking to areas on the peninsula.

2. **Cost:** Some College events may incur a cost. This information will be given to girls prior to the event.

3. **Other:** Detailed information about departure times, what to bring, what to wear etc. will be given to students prior to each of the above listed events/carnivals via the College Newsletter which is accessed via the College website or email subscription.

**Teachers in Charge:**
Mrs Sidaros and Ms Mostyn (Sporting Events)
House Coordinators (College Events)
Subject Teachers (on peninsula excursions)

Date Issued: Friday 5th February 2010

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**PLEASE PRINT, READ AND COMPLETE ALL PARTS OF THE TWO PAGE FORM ATTACHED**

**PLEASE HAVE YOUR CHILD RETURN THE FORMS TO HER TUTOR BY WEDNESDAY 10TH FEBRUARY 2010**
Daughter’s Full Name: ___________________________________________________________________

Tutor’s Name: __________________________________________ Tutor Group: _________________

I am aware that my daughter will be required to attend the College Cross Country, Athletics and Swimming Carnivals, Thursday afternoon sport, Walkathon, Marist Day, Year 12 Farewell lunch and any on Peninsula excursions arranged by the PDHPE Department, House Coordinators, Subject Teachers (for on peninsula excursions) in 2010. I give permission for her to travel as arranged by the College.

Signature of Parent / Guardian: ____________________________ Date: ________________

**EXCURSION MEDICAL AND EMERGENCY INFORMATION**

**PLEASE COMPLETE ALL INFORMATION**

Surname: ………………………………………… Given Names: …………………………………………

Address: ………………………………………………………………………………………………

……………………………………………… Post Code: ………………………..

School Year: ……………………………………. House and Tutor Group: …………………………

Date of birth: ……………………………………. Age: ………………………

**PARENT /GUARDIAN DETAILS**

<table>
<thead>
<tr>
<th></th>
<th>Mother / Guardian</th>
<th>Father /Guardian</th>
<th>Other contact</th>
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<tbody>
<tr>
<td>Full Name</td>
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<td>Home Phone</td>
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**CHILD’S ALLERGY / SPECIAL DIETARY NEEDS**

Please identify any special needs or requirements (eg. Diet, allergy and treatment plan, etc.)

(CONTINUED ON THE FOLLOWING PAGE)
MEDICAL INFORMATION

Please circle or highlight if your child suffers from any of the following:

Any allergic condition  Skin condition  Diabetes  Epilepsy, fits or blackouts
Asthma
A disability or chronic illness  Attention Deficit Disorder (ADHD)  Sleep walking
Behavioural Problems  Other .................................................................

If yes to one or more, please give details (attach sheet if required)

Medicare Number  .................................................. Position Number on card  ..............
Health Care card Number  .................................
Private health insurance fund Number  .................................
Do you have ambulance cover?  Circle:  Yes  No

CURRENT MEDICATION

Please give details of any medications: name of medication, time and dosage, safety or storage information

Swimming Ability Information

In relation to water or swimming activities, I advise that my child is a: (please tick appropriate boxes)

☐ Non-swimmer  ☐ Poor swimmer  ☐ Average swimmer  ☐ Strong swimmer

In reference to the above, my daughter’s swimming ability is:
☐ Not at all  ☐ Less than 10m  ☐ At least 25m (half the pool length)  ☐ 50m (one lap of the pool)

I advise that my child requires the following flotation device to assist her in the water: ............................
Eg. Kickboard.

I undertake to provide this device so that my child can participate in the excursion.
☐ Yes  ☐ No  ☐ Not Applicable

Signature of Parent / Guardian:  ________________________________  Date:  ________________