



MATER DEI CATHOLIC COLLEGE

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5 March 2019

Dear Parent/Carer

An overnight excursion has been organised for **Year 9 Boys "Culture of Men" Camp**. The details are listed below.

- Excursion Date:** Tuesday 26th March to Friday 29th March 2019
Departure time and place: Mater Dei Bus Loop at 7:00am
Return time and place: Mater Dei Bus Loop at 2:30pm
Excursion venue: Denison Campground, Kosciuszko National Park
Transport: Bus
Excursion cost: Included in Term 1 School Fees (\$215)
Student requirements: Document outlining equipment list provided to students during Week Nine, Term 4, 2018
Dress: Casual
Other relevant details: Do not bring phones as students will not have phone service. To make contact with students please contact the College office and they will contact camp staff via satellite phone.
Teacher in Charge: Mr Scott McAuliffe and Mr Mark Gleeson
Contact mobile phone no: Scott – 0449137896, Mark - 0448262044
Final Date for payment: N/A

Mrs Amelia Bright
Acting Leader of Mission

Mr Scott McAuliffe
Teacher in Charge



Parent/Carer Authorisation

I give permission for _____ of Year 9 to attend the
Student name

Year 9 Boys "Culture of Men" Camp excursion on Tue 26th March to Fri 29th March 2019

I have read the information above and give permission for the teacher in charge to seek medical attention if warranted. I **do/do not** give permission for my child to be photographed whilst on this excursion.

Date: _____ Parent/Carer signature: _____

Please complete the Authorisation Slip and the Consent and Medical Information Form on the following page and return it, with your payment, to the Office.

Organising Teachers: Mr Scott McAuliffe and Mr Mark Gleeson

MATER DEI CATHOLIC COLLEGE
OVERNIGHT EXCURSION CONSENT AND MEDICAL INFORMATION FORM:

I _____ permit _____ of Year 9 to take part in the
Name of Parent/Carer – printed *Name of Student*

Year 9 Boys “Culture of Men” Camp on 26th March – 29th March 2019.

I understand and agree with the activities of and arrangements made for the Excursion. During the Excursion I delegate my authority to the Supervising Staff and/or Instructors involved in the Excursion. Such teachers or instructors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group and individually.

In the event of illness or an accident that requires medical attention, I permit Supervising Staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Signature of Parent/Carer: _____ Date _____

Contact Phone Number: Home: _____ Work: _____ Mobile: _____

EXCURSION MEDICATION INFORMATION :

Please provide the following information – students are not permitted to take part in the Excursion without this information being provided.

1) **Does your student have any medical condition/s that may affect his/her safety during an excursion?** NO [] YES [] *please specify below*

Eg. Asthma, fainting, seizures allergies, diabetes etc... (please include any medical allergies)

2) **Will your student be carrying and or self administering any medication in relation to the condition/s listed above?** NO [] YES [] *please specify below*

MEDICATION : Parents are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion

3) **Are you a member of a Private Health Fund?** NO [] YES [] *please specify below*

Name of Private Health Fund: _____

Number: _____

Medicare Number: _____

4) **Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your student.**

