



# MERCY COLLEGE MACKAY

PO Box 5646 MACKAY MAIL CENTRE QLD 4741  
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email - [office@mercymackay.qld.edu.au](mailto:office@mercymackay.qld.edu.au)

18 May 2018

Parent/Guardian:

Thank you for replying so promptly to our request for your child to perform the National Anthem at the opening of the Cowboys V Dragon game at Dairy Farmers Stadium in Townsville on Saturday 21 July.

Please note the following information:

- Departure date/time:** Saturday 21 July meet at the Mercy College Hall at 8.45am for 9.00am departure  
**Return date/time:** Sunday 22 July approximately 2.00pm to Mercy College Hall  
**Cost:** \$40.00 – costs for accommodation, travel expenses and breakfast. They will require money to purchase lunch, dinner and any snacks during the game.  
**Accommodation:** Townsville Parish Centre, Ryan Community Centre – dormitory

Following is the Permission/Medical Form and Information of what to pack.

For your child to attend, please complete the slip below and the Permission/Medical Form and return them with the \$40.00 to the Finance Office by Friday 1 June in an envelope clearly marked with their name and Homeroom and the words 'Auslan trip to Townsville'.

Any questions or concerns please contact me on 4969 4199 or email [brett\\_comerford@mercymackay.qld.edu.au](mailto:brett_comerford@mercymackay.qld.edu.au)

Regards

Mr Brett Comerford  
Auslan Coordinator

Mr Jim Ford  
Principal

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MERCY COLLEGE MACKAY  
2018 Auslan Club NRL Performance

*Please complete and return to the Finance Office by 01/06/2018 - COM*

I \_\_\_\_\_ commit to my child \_\_\_\_\_

Homeroom \_\_\_\_\_ to attend the Signing Choir Performance in Townsville on the 21 July.

- \$40.00 enclosed       Permission/Medical Form enclosed

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



# MERCY COLLEGE MACKAY PERMISSION / MEDICAL FORM 2018 Auslan Club

Office use:  
Teacher return:

Name of Student: ..... Homeroom .....

Student Mobile Phone Number .....

Parents/Guardians:

Please complete and return this Permission/Medical form which is intended to provide the teacher/supervisor with sufficient information to ensure your child's well-being and which, in the event of an accident or injury, can be passed on to appropriate medical authorities for any necessary emergency assistance.

### PERMISSION DETAILS

- a) I hereby give permission for my child to participate in the activity as detailed in the information provided to me. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.
- b) I consent to the teacher seeking such medical advice on behalf of my child as the teacher sees fit in the event of an accident or sudden illness when the teacher is not able to first contact me. If in such an emergency it is in the opinion of an attending medical or dental practitioner that 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), I consent to such medical or dental practitioner giving such attention or treatment.
- c) I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion/educational trip.

### PARENT CONTACT INFORMATION

Please provide information which would assist the teacher to make speedy contact with you in the event of an accident or injury requiring such contact.

NAME OF PARENT/GUARDIAN: .....

ADDRESS:.....

HOME PHONE: ..... WORK PHONE: .....MOB: .....

ALTERNATIVE CONTACT NAME:.....

HOME PHONE: .....WORK PHONE: .....MOB:.....

MEDICARE NUMBER: .....

SIGNED: ..... DATE: .....

PARENT/GUARDIAN

***Please turn over to complete medical details***

**MEDICAL INFORMATION**

Strike out whichever of the following statements does not apply to your child:

I certify that my child does not, to my knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.

OR

I give notice that my child suffers from the following illness or disability and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment, but certify that to my knowledge, my child does not suffer from any other illnesses or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment.

**DETAILS:** .....  
.....  
.....

Is your child on any prescribed medication(s) which would need to be continued during the excursion/educational trip? **YES** [ ] **NO** [ ]

**(If Yes) DETAILS:**  
.....  
.....  
.....

Does your child have any allergies (eg insect bites, food)? **YES** [ ] **NO** [ ]

**(If Yes) DETAILS:**  
.....  
.....  
.....

Is there any information you would like to give which, in your view, may affect your child's participation in the excursion? **YES** [ ] **NO** [ ]

**DETAILS:** .....  
.....  
.....  
.....

## What to Pack

All items must fit inside one small bag due to space on the bus. Please name all items.

- Mercy formal uniform
- School jumper or jacket
- Sunscreen
- Hat
- Water bottle
- Toiletries
- Towel
- Pillow
- Sleeping bag
- Medication if applicable - Please place in clear Clipsal bag labelled and hand to Mrs Crossland
- Handkerchiefs or tissues
- Clothes to wear on bus home
- Comfortable shoes (closed in shoes)
- Sleepwear (please note it will be cool in the evenings)
- A small amount of cash for lunches, snacks or other miscellaneous items (ATMs will be available at most venues)

