



MERCY COLLEGE MACKAY

PO Box 5646 MACKAY MAIL CENTRE QLD 4741
Ph 4969 4199 • Fax 4969 4189
email - office@mercymackay.qld.edu.au

31 May 2019

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 Rabbitohs game at 1300SMILES Stadium in Townsville on Saturday 20 July.

Please note the following information:

- Departure date/time:** Saturday 20 July meet at the Mercy College Hall at 6.45am for 7.00am departure
Return date/time: Sunday 21 July approximately 2.00pm to Mercy College Hall
Cost: \$35.00 – 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 to the Finance Office by Friday 14 June. Please contact the Finance Office on 4969 4147 to make your payment.

Any questions or concerns please contact me on 4969 4199 or email brett_comerford@mercymackay.qld.edu.au

Regards

Mr Brett Comerford
Auslan Coordinator

Mr Jim Ford
Principal

X-----

MERCY COLLEGE MACKAY
2019 Auslan Club NRL Performance

Please complete and return to the Finance Office by 14/06/2019 - COM

I _____ commit to my child _____

Homeroom _____ to attend the Signing Choir Performance in Townsville on the 20 July.

Permission/Medical Form enclosed

Parent/Guardian signature

Date



MERCY COLLEGE MACKAY PERMISSION / MEDICAL FORM 2019 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:
.....
.....
.....



MERCY COLLEGE MACKAY

Penn Street MACKAY QLD 4740
Phone 07 4969 4199 Fax 07 4969 4189
Email: office@mercymackay.qld.edu.au

MEDICATION WHILST ON SCHOOL EXCURSION

At times it is necessary for students, under doctor's instruction, to take medication during school hours/school excursion. We are aware of this need and are willing to assist you in this situation. However, for the safety of the child, it is of utmost importance that the following form be completed in full. Please note that the medication must have a Chemist's label on it, clearly marked with the child's name and required dosage. Non-prescription medication such as Panadol or Nurofen must also have a chemist's label on it, marked with the child's name and required dosage. All medication will be administered by a member of staff.

Please place this form, along with medication in a zip-lock bag that is clearly marked with your child's name & Homeroom. Your child is to hand the zip-lock bag to **Mr Comerford** on the morning prior to leaving.

NON LABELLED MEDICATION WILL NOT BE ADMINISTERED

Thank you for your co-operation.

Mr Jim Ford
Principal

PARENTS/GUARDIANS NAME _____

CHILD'S NAME _____ HOMEROOM _____

Phone number of Parent/Guardian to be contacted (if necessary) _____

Alternative phone number(s) _____

DOCTOR'S NAME _____ PHONE NO _____

NAME OF MEDICATION _____

PERIOD OF MEDICATION _____

DOSAGE _____

Time of day medication is to be administered AM _____ PM _____

Reason / Purpose for Medication _____

(PLEASE NOTE: Medication must be clearly labelled with child's name, dosage and instructions for dispensing)

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 complete the attached *Medication Whilst on School Excursion* Form and place it and the medication in a clear Clipsal bag labelled with your child's name, and hand it to Mr Comerford
- 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)

