



MERCY COLLEGE MACKAY

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

14 June 2018

Parents/ Guardians:

The 2018 International Handbells Symposium, to be held in Cairns from Friday 3 August to Wednesday 8 August, is fast approaching and it's necessary to start finalising details to ensure the success and smooth running of the event.

The final itinerary is almost complete, with all major activities booked and confirmed. The total cost of this excursion is **\$490**, which includes registration, accommodation, transport, shirt and most meals. (Students will receive a Symposium shirt upon arrival in Cairns.) Final payment is due by Wednesday Friday 27 July, unless prior arrangements have been put in place with the Finance Office (please contact the Finance Office should you experience difficulties with payment). A reminder email will be forwarded to you for each of the scheduled payments below. This schedule is a guideline only, if you would prefer to pay in full you are welcome to do so.

- Thursday 21 June Payment 1: \$200
- Wednesday 18 July Payment 2: \$200
- Friday 27 July Payment 3: \$40

Students will be responsible for their own spending money, including any meals and snacks they purchase that are not included in the overall excursion cost. Please discuss with them your expectations with regard to appropriate spending in this area. It may be advantageous to setup a key-card account or purchase a prepaid debit card if you are not comfortable with them having cash during the excursion.

We will be staying at *Northern Greenhouse* Cairns and students will be grouped into 4 or 5 members per dorm.

Throughout the time away we will be using the College bus for all transportation to organised activities; Mr Jim Ford and Mr Michael Watson will be the drivers. Mrs Carmen Bennett will attend as Director and student coordinator. As we are restricted with space on the bus, students are allowed one small suitcase and a carry-on bag.

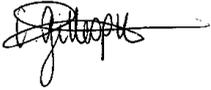
Please complete the attached Permission/Medical form and return it to the Office by Friday 29 June for your child to participate, as the information provided is vital for staff responsible for their health and well-being during the event.

Most students will have their own mobile phone to take with them. Please ensure you provide their mobile phone number on the Permission/Medical Form, so we can maintain contact with them while away or in case of an emergency; these numbers will not be distributed to other students/staff. A staff mobile phone number will be provided to students as a point of contact should the need arise and they will be encouraged to save this number into their phone.

A final letter will be distributed with the students' itinerary during the lead-up to the trip. A list of what they should pack etc. will also be attached. If there are any queries please feel free to contact me on 4969 4199 or email [Cassandra Gillespie@mercymackay.qld.edu.au](mailto:Cassandra.Gillespie@mercymackay.qld.edu.au).

This event promises to be an educational and fun-filled opportunity for both students and staff. Thank you for your support of the co-curricular Performance Ensembles at Mercy College Mackay.

Regards



Miss Cassandra Gillespie
Cultural Co-ordinator



Mr Jim Ford
Principal



MERCY COLLEGE MACKAY
PERMISSION / MEDICAL FORM
2018 International Handbell Symposium

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:
.....
.....
.....