



MIDDLE SCHOOL ACTIVITIES DAY – Years 7, 8 and 9
42nd Battalion Pool, North Rockhampton
Wednesday 5 December 2018

Parents are asked to read the following important information, complete the permission and medical forms and return them with the \$15 levy by Friday the 30 November.

Middle School students will spend the day enjoying the pool, water slides and Pirate Putt Putt Mini Golf center. All students will attend the College as usual at 8:25 am and be transported to and from the pool. The school day will conclude as usual at 3:00 pm.

All students must wear their PE uniform to and from the college. Students will also be required to bring their togs, sun shirt, hat, towel and water bottle. Sunscreen will be provided.

All food for the day will be supplied. Any student requiring special consideration regarding diet or the taking of medication are asked to include such information on the permission form.

While we appreciate some students carry a mobile phone, we ask that where possible, students not bring them on this day. Staff cannot provide a secure storage place due to the nature of the activities day and therefore take no responsibility for students' belongings, including phones. Students will not be allowed to use phones during the hours of 8:00 am until 3:00 pm as per a usual day at school.

THERE IS NO ALTERNATE PROGRAM AT THE COLLEGE ON THIS DAY.

If you have any questions regarding the excursion, please do not hesitate to contact me at the College on 49991300. Please note there are no classes for students on Thursday and Friday.

Student Requirements

- College PE uniform
- Togs, towel and sun shirt
- Money for the canteen (optional)
- Personal water bottle

Yours Sincerely,

Tim Murphy
Students' Dean



PERMISSION / MEDICAL FORM



SCHOOL NAME: THE CATHEDRAL COLLEGE, ROCKHAMPTON

Name Of Student: _____

Name Of Excursion/Camp: Middle School Activities Day

Date: Wednesday 5 December **Venue:** Northside Pool

Dear 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/camp.

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 which 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/camp?	[<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
(If Yes) DETAILS:	
Does your child have any allergies (e.g. insect bites, food)?	[<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
(If Yes) DETAILS:	
Date of last tetanus vaccination:	____/____/____
Is there any information you would like to give which, in your view, may affect your child's participation in the excursion/camp (including mental health issues)?	[<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
DETAILS:	



FORM B

The Cathedral College Excursion/Off Campus Activity Behaviour Contract



You will be involved in an excursion/off-campus activity that requires a high level of cooperation and a certain level of maturity. This behaviour contract sets out the clear expectations for students.

1. Students are to ensure they follow all directions given by staff of The Cathedral College and/or any other relevant instructor involved in the excursion/off-campus activity promptly and politely.
2. Students are to be mindful of other guests, their peers and staff at all times of the excursion/off-campus activity.
3. Students are expected to respect the privacy of all participants on the excursion/off-campus activity. Appropriate interactions between students are to be maintained at all times.
4. Students are expected to follow all safety procedures immediately and without question.
5. Students are expected to behave in a respectful and appropriate manner at all times.
6. Students who repeatedly fail to follow these directions may be asked to leave the camp. Parents will be notified and will be required to come to the camp and pick up their child.

I have read the behaviour contract and understand my obligations to ensure the camp is safe and enjoyable for all. I also understand that concerns regarding behaviour while on camp may result in contact with parents on return to school and review of future participation in similar activities.

Student Name (please print): _____

Student Signature: _____

Date:/...../.....

Parent/Guardian Section

I hereby give consent for my son/daughter

_____	_____	_____	____/____/____
Given Name	Surname	Age	Date of Birth

to attend the _____ . I acknowledge the above Behaviour Contract and understand the expectations for this excursion/off-campus activity. I further agree to meet the costs of any accident, illness or unforeseen circumstance that may occur. If necessary, I will come to collect my child from the excursion/off-campus activity.

Signed: _____ Date: ____/____/____

Printed Name: _____

OFFICE USE

Amount Paid: \$ _____ (Make cheques payable to The Cathedral College)

Receipt Number: _____



FORM C

SWIMMING PERMISSION

POOL / BEACH / CREEK

Your son/daughter may have the opportunity to participate in a swimming activity. Please indicate their name, swimming ability and other details below.

Student Name: _____

Competent swimmer

Non-competent swimmer

Other Details: _____

Parent/Guardian signature: _____

Date: ____/____/____