



EXCURSION INFORMATION FORM

JUNIOR GIFTED AND TALENTED CONFERENCE 2017

Dear Parents and Caregivers

Your son/daughter has expressed interest/been chosen to have the opportunity to attend the 2017 Junior Gifted and Talented Conference. It is an interactive, hands on day. The topics that will be covered this year are:

- Does a snail have a consciousness
- Is self-sacrifice ever reasonable
- An introduction into the science of nanotechnology
- An afternoon debate: 'This house believes that science has replaced God'

The purpose of this day is to:

- Improve their thinking skills
- Begin to be able to identify what is fundamental from what is trivial
- Become intellectually creative
- Identify assumptions and distinguish between good and poor arguments
- Think systematically and rigorously about relevant modern day issues

For more information on the day please visit the following website.

<http://www.academyconferences.com/index.php/gifted-and-talented-students/au-nz-programme>

Junior Gifted and Talented Conference	
Teacher/s responsible	Laura Foti
Location	Concordia College
Dates of excursion	15 August 2017
Departure time	8.30am from Cabra (students to assemble on the Aquinas Lawns at 8:20am)
Return time	3.30pm (approximate arrival at Cabra)
Transport Arrangement	Flagstaff Coaches

As we are sending limited students to this event, and there is a waiting list, I encourage you to view the information on the website. Complete the permission form and return it to Student Services or email to: lfoti@cabra.catholic.edu.au before 10 August 2017 in order to secure a place.

Should you need to contact your child during the excursion, they will be allowed to have their mobile phones. However, as a matter of courtesy, it is requested that any communication during the excursion be of an emergency nature.

We hope that your son/ daughter will embrace and enjoy this unique experience.

Yours sincerely

Laura Foti
GIFTED AND TALENTED COORDINATOR
lfoti@cabra.catholic.edu.au



EXCURSION CONSENT FORM

15 August 2017

Please use block letters when filling out this form

STUDENT'S NAME:		HOMECLASS:
PARENT/CAREGIVER NAME:		

I / we give consent for the above student to participate in:

NAME OF ACTIVITY	Junior Gifted and Talented Conference 2017
LOCATION	Concordia College

Have you completed the annual **Student Information Check** with up-to-date medical and personal information? Yes No

I / we have provided the school with a **Health Care Plan / Action Plan for 2017** Yes No N/A
 (If you have marked 'No' please ensure that you submit a current Health Care / Action Plan where applicable)

If going on a camp or overnight stay, have you completed a **Camp / Excursion Medical Information Form?** Yes No

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of any serious misbehaviour on the part of my child, I understand that I will be contacted and will be responsible for any costs associated with my child's return.
- In the event of an accident or illness, and in an emergency situation where an ambulance is not available within a reasonable period of time, I consent to my child being transported to a hospital/ medical/ dental clinic or to an ambulance by an excursion staff member in a school/ private car as so advised by emergency services.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have provided all information necessary for the school to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- I consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Parent / Caregiver 1	Print name	Signature	Date
Contact number/s			
Parent / Caregiver 2	Print name	Signature	Date
Contact number/s			