Dear Parent/Guardian

Studies of Religion students from Year 11 will be going on an overnight excursion from Thursday 20 and Friday 21 February 2014. The purpose of the excursion is to visit the places of worship of the five major religions of the world. The Studies of Religion syllabus encourages students to consider aspects of individual and communal worship and how it relates to the life of the everyday believer. We will be visiting a Mosque, a Buddhist Temple, a Jewish Synagogue and a Hindu temple, along with various churches from the Christian faith. We will have guides that will take us through the various aspects of the different places of worship that we visit.

As a Christian school we believe that it is important that our students be well informed about the different faiths being practiced in our multicultural society. The Bible teaches us “to always be prepared to give an answer for the hope that you have, but to do it with gentleness and respect” (1 Peter 3:15). In the light of this we are keen that students of GPCC have an understanding and knowledge of world religions which allows them to relate to people of different faiths from an informed perspective.

It is imperative that students understand the importance of respect toward the beliefs and practices of the different faiths. This impacts various areas of our attitude on this excursion. Students will need to dress conservatively, being sure to cover themselves in an appropriate way (no midriffs or singlet tops). They need to be aware of the sacred environment which they are entering and behave appropriately. We may be asked to remove shoes in the Mosque and wear a skull cap in the Synagogue, and although we will respect these beliefs, we will not be entering into any non-Christian form of worship.

The cost of the excursion is $120 and this covers the bus, accommodation, dinner, breakfast and various entry fees that are to be paid as part of our excursion.

Students will be staying in cabins at the Wollongong Surf Leisure Resort. Mrs Gavin (nee Miss Soiland) and I will be in attendance.

Please feel free to contact me at the College if you have any queries.

While we are on the excursion, emergency contact can be made on phone number 0425 287 431.

Please sign the note attached together with the Medical Form and return by Monday 17 February 2014.

Your school fee account will be charged $120 for this excursion and is due and payable by the end of Term 1.

Yours sincerely

Tom Anderson
Director of Spiritual Development
# Details of the Excursion: Itinerary

20 Feb – 21 Feb 2014

<table>
<thead>
<tr>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td><strong>Leave GPCC College 6:30am</strong></td>
<td>Breakfast - Wollongong Surf Leisure Resort</td>
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<tr>
<td>Travel by Coach to Sydney</td>
<td>9am - Nan Tien Buddhist Temple</td>
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<tr>
<td>9am - Auburn Mosque</td>
<td>11am Greek Orthodox Church Wollongong</td>
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<tr>
<td>11.30am – St Mary’s Cathedral</td>
<td>1pm - Hindu Temple Helensburgh</td>
</tr>
<tr>
<td>1pm – <strong>Lunch in Hyde Park (bring packed lunch)</strong></td>
<td>3.30pm – St Swithuns Anglican Church Pymble</td>
</tr>
<tr>
<td>2pm – The Great Synagogue</td>
<td><strong>Return to GPCC by 6pm</strong></td>
</tr>
<tr>
<td>Travel by coach to Wollongong</td>
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<tr>
<td>Arrive Wollongong Surf Leisure Resort</td>
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<tr>
<td>BBQ meal at the Resort</td>
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<tr>
<td>(Optional swim indoor heated pool - bring swimmers).</td>
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</tbody>
</table>
Please make sure your child is fully aware of their medical condition and has awareness of appropriate treatment procedures.

**Contact (details)**

Student’s Name: ________________________________

Date of Birth: ________________

Parent’s name: ________________________________

Emergency contact numbers  
(1) ________________ (home)

(2) ________________ (work)

(3) ________________ (mobile)

Emergency contact if parent is unavailable: Name: ________________________ Number: ________________

**Medical Information**

Medicare No.: ________________________ Card Expiry Date: ________________

Health Fund and No.: __________________________________________

Ambulance Cover: Yes / No

Doctor’s Name: ________________________________ Doctor’s Phone No.: ________________

Date of last tetanus booster: ________________

Is your child on any medication? Yes / No

If yes, please name medication and give dosage information:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Do you need to be contacted before this medication is administered?

Yes / No
Please ensure that all medications are supplied in the original packaging with the participant’s name and dosage amounts and times indicated. Any medications should be given to a staff member on the morning of departure. Medications will be self-administered by the participant under the supervision of a teacher from the school.

Specific Medical Conditions

Does your child suffer from, or is limited in their participation in activities, by any of the following? (please circle Yes or No and add (details) if applicable):

1. Respiratory conditions
   a) Asthma Yes / No (If Yes – please complete last page of this form)
   b) Other Yes / No
      (details):

2. Allergies (e.g. to foods, drugs, environment, animals etc) Yes / No
   (details):

3. Muscular / skeletal conditions (e.g. back problems, ankle sprains, joint dislocations etc) Yes / No
   (details):

4. ADD/ ADHD Yes / No
   (details):

5. Diabetes Yes / No
   (details):

6. Epilepsy or seizures Yes / No
   (details):

7. Headaches/ nose bleed Yes / No
   (details):
8. Heart problems  Yes / No
   (details):____________________________________
   ______________________________________________
   ______________________________________________
   ______________________________________________
   ______________________________________________

9. Other (includes fears, phobias)  Yes / No
   (details):____________________________________
   ______________________________________________
   ______________________________________________
   ______________________________________________
   ______________________________________________

10. Other illnesses, or hospitalizations experienced in the last 12 months  Yes / No
    (details):
    ______________________________________________
    ______________________________________________
    ______________________________________________
    ______________________________________________
    ______________________________________________

**Dietary Requirements**
Does your child have any special dietary needs?

On a scale of health importance, is this dietary need  (please circle response)

1. Desirable but not essential  or  2. Essential and life threatening

**Other Information**
Is there anything else that we should know about your child?

________________________________________________________
________________________________________________________
________________________________________________________

**Panadol**
Do you give permission for your child to be administered Panadol by a staff member if the need arises? (e.g. headache, fever)
Yes/ No

Please note that Staff will only supply one type of Panadol. If a specific type of Panadol is required then please supply with your child in the same way that other medication is supplied. (Please see note on page 1 of this form)

Dosage:___________________________

Do you wish to be contacted before the Panadol is administered?

Yes/ No

Acknowledgement

Please read, sign and date the following:

<table>
<thead>
<tr>
<th>SOR Excursion 2014 Medical/Consent Form</th>
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<tbody>
<tr>
<td>I ............................................................... as parent/guardian give my permission for .................................................. to participate in the Studies of Religion Overnight Sacred Sites Excursion on Thursday 20 and Friday 21 February 2014, travelling by bus both ways to Sydney and Wollongong.</td>
</tr>
<tr>
<td>I assume full responsibility for his/her health such that the activities of the program will in no way aggravate any known condition. I declare that all statements on the above medical form are true and accurate and that all relevant information has been provided.</td>
</tr>
<tr>
<td>I authorize team leaders to obtain ambulance and medical assistance which they deem necessary, should an accident or illness occur and I agree to pay all expenses incurred on behalf of my child and not covered by the College insurance policy.</td>
</tr>
<tr>
<td>I understand that the group leaders will endeavour to contact a parent should circumstances and time permit, before taking such action.</td>
</tr>
<tr>
<td>I authorize the group leaders to administer appropriate medication supplied by parents and provide basic first aid.</td>
</tr>
<tr>
<td>I acknowledge the amount of $120 will be charged to my school account, due and payable at the end of Term 1.</td>
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Signature: ____________________________ Date: ___________________
Asthma Information Form  
(Please clearly print all information.)

TO BE COMPLETED FOR ANY PARTICIPANT WHO SUFFERS ASTHMA

Name of student: ________________________________

Regular Asthma Medications and management Strategies

<table>
<thead>
<tr>
<th>Name:</th>
<th>Quantities and Dosage:</th>
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Additional Medication and Management Strategies to be applied DURING AN ATTACK

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The participant must bring the above medications to the program. These medications must be in the original packaging with the participant’s name and dosage amounts and times indicated. Medications will be self administered by the participant under the supervision of a teacher from the school. If this participant requires any further assistance please communicate this below.

KNOWN TRIGGER FACTORS (please tick any appropriate item):

☐ Dust of any sort in sufficient qualities
☐ Sudden temperature changes
☐ Contact with animals
☐ Grass and weed pollens, mould
☐ Atmospheric pollution
☐ Vigorous exercise
☐ Other (please provide details):

Please provide any other information that may be of assistance in providing medical assistance to this person: