



ST. MATTHEW'S PARISH

Youth Group

SUMMER DAY OUT: FRIDAY JANUARY 13

Dear Parents/Guardians,

Our next Juniors youth group meeting on **Friday January 13** will be our Summer Day Out.

This is a trip to the City where we will have a **picnic at Fitzroy Gardens, a visit to St. Patrick's Cathedral and walk around the city** including visiting a few locations relating to St. Mary McKillop's life. **We will depart Gowrie Station at 10.08am and land at Parliament Station at 10.38am. We will return to Gowrie Station at 3.56pm.**

This day will be a great opportunity to just relax, eat and play together, explore the city and visit some of the key landmarks relating to our faith.

Please bring a topped-up myki. Please bring **lunch** for your child **or some food to share** and some money if they wish to buy snacks or something to drink during our city walk. There is some walking so bring a bottle of **water, a hat and sunscreen** too! For the picnic at Fitzroy Gardens, you are more than welcome to bring a soccer ball or a cricket set or other **sporting and games equipment**. We will bring along some food and sporting equipment as well.

Please arrive at Gowrie Station by 10am. Parents are most welcome to attend.

Please return this form promptly. If you have any questions, please don't hesitate to call Adrian (0403 211 890) or Anna (0402 741 258). Adrian, Angelo and Anna will be the supervising adults and Adrian and Anna can be contacted with those same numbers during the day.

God bless,
Adrian, Angelo and Anna

MAP



This information will only be used for
and emergency medical purposes during 2017

PARENTAL CONSENT (for activities outside Parish premises)

I, _____ consent to my child _____
attending and participating in **Summer Day Out in East Melbourne and Melbourne, January 13th 2017**.

In the event that you are unable to communicate with me, or my nominated emergency contacts, I consent for my child to receive any such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense. I have informed you of any allergies or other medical conditions my child relevant to this activity and will make any necessary medication available.

I also consent to a photograph or video image of my child being used without acknowledgement, remuneration or compensation, in publications and presentations of **St. Matthew's Parish**.

Parent/guardian signature

Print name

Relationship to participant

Contact number

PARTICIPANT CODE OF CONDUCT

I will:

- Treat all with respect and kindness and listen to what others have to say.
- Pay attention to and follow instructions given to me by the leaders at all times and will make sure leaders knows my whereabouts at all times.
- Participate in a positive way in all group activities
- Tell an adult leader about anything that may make me feel worried, afraid or unsafe.

Signature: _____ Date: _____

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PERSONAL DETAILS AND MEDICAL INFORMATION FORM

(You will only need to fill in this form once a year – please
update us of any changes for future activities throughout the
year)

Participant details

Participant name: _____

Date of Birth: _____

Parent/Guardian details

Parent/Guardian name: _____

Relationship to participant: _____

Address: _____

Contact phone no.: _____

Emergency contact details

Emergency contact 1: _____ Relationship: _____

Contact phone no.: _____

Emergency contact 2: _____ Relationship: _____

Contact phone no.: _____

Medical details

Medicare no.: _____

If applicable, please provide us with the following details:

Private health insurer: _____

Private health membership number: _____

Ambulance membership number: _____

Please advise us of any medical conditions including asthma, medications, allergies, special dietary requirements or any other information we should know about your child's needs to ensure your child's safety:
