We are excited to announce that we have entered the College’s Stage Band and Jazz Vocal group in the Generations In Jazz festival. This huge festival is held in Mt Gambier, South Australia and thousands of students and professional musicians perform across an amazing week-end of music making.

Students will be tutored by musicians such as the incomparable James Morrison and members of the world famous world renowned ‘Take 6’ gospel group that are coming to the festival as guest artists.

We believe that this will not only be an amazing performance opportunity, but the students music education will be greatly enhanced through viewing the work of the players and ensembles that will be present.

Mr Walter Saluni, Mr Shane Hayton, Ms Laura McCormick, Mr Cameron Fellowes and myself will accompany the boys on this trip.

Details of Accommodation and Costs

The full cost of the trip and rehearsal camp (see accompanying letter) will be $360 or $400 dependent on the need to purchase the ‘Music’ rugby top).

This cost includes transport by College bus, accommodation, food while in Mt Gambier, registration fees and entry to performances. This fee also covers the cost of food at the rehearsal camp which will be held in Term 2 at Cypress Lodge on Friday 15 April through to Sunday 17 April and the purchase of a College ‘Music’ rugby top, Students will require money for extra snacks and meals while in transit to and from Mt Gambier.

Students are to bring:

Pillow and Sleeping bag
Toiletries and towel
Instruments and music
Casual Clothes (NB: the ‘Music’ rugby top is to be worn as outer garment)
Performance outfit: Black, collared, long sleeved shirt and Black trousers. Black shoes (school)

Please fill out the attached Permission/Medical Forms and return to Mr Hambly by Thursday March 24 2016. Please contact me during school hours if you have any questions relating to this event.

Neil Hambly
Director of Music
Medical Authority
FOR GENERATIONS IN JAZZ

**NOTE:** Please complete the box below

<table>
<thead>
<tr>
<th>NAME OF CAMP:</th>
<th>Generations In Jazz</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF CAMP:</td>
<td></td>
</tr>
<tr>
<td>Date of Departure:</td>
<td>Friday 6 May 9:00am</td>
</tr>
<tr>
<td>Date of Return:</td>
<td>Sunday 8 May E.T.A. 9:00pm</td>
</tr>
<tr>
<td>TEACHER IN CHARGE:</td>
<td>Mr Neil Hambly</td>
</tr>
</tbody>
</table>

I ______________________________ understand my son ____________________________ of ________ will be attending the Generations in Jazz departing Friday 6 May and returning Sunday 8 May.

Should my son become ill or suffer an accident during the course of any of these activities and the teacher in charge is unable to contact me, I authorise the teacher to consent to my son receiving such medical or surgical treatment as a doctor may deem necessary. I will meet the expense attached to any such medical assistance.

Signature 1: ______________________________ Signature 2: ______________________________
Parent / Guardian (Print)                                      Parent / Guardian (Print)

Mobile 1: ______________________________ Mobile 2: ______________________________

Phone No: ______________________________ Date: ______/____/____

Any pre-existing condition: _______________________________________________________

**CONTACT PERSON IF PARENT / GUARDIAN IS UNAVAILABLE**

Name: ______________________________ Contact Phone No: ______________________________
This report is compiled to assist us in the case of any eventuality with your son. All information is held in confidence. Please complete the form as accurately as possible.

1. Is your son presently taking tablets and/or medication? YES ☐ / NO ☐
   If yes, please state name of medication, dosage, etc.

2. All medicines must be handed to the teacher in charge prior to leaving for camp. **NOTE:** Medicines must be in their original packaging. If you put the medicines in a separate container, you must include the packaging, bearing your son’s name, the dose to be taken and when it should be taken.
   (Medicine will be kept in the First Aid Centre and distributed as required.)
   Please do not allow your son to be in possession of any medicine while on the College camp.

3. SON’S NAME: ___________________________________________ YEAR: _____ ● _____
   PARENT’S NAME: ___________________________________________
   PARENT’S ADDRESS: _________________________________________
   MOBILE: ___________________ HOME: _______________________
   MEDICAL / HOSPITAL INSURANCE FUND: Name of Fund: _______________________
     Membership No: ___________________________

   PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

   Bed Wetting ☐ Fits of any type ☐ Heart Condition ☐
   Blackouts ☐ Sleepwalking ☐ Asthma ☐
   Dizzy spells ☐ Migraine ☐ Travel sickness ☐
   Diabetes ☐ Anaphylaxis ☐ Coeliac Disease ☐
   Other: __________________________

   **Allergies to:** Bee stings, etc. __________________________

   Penicillin ☐ Any foods ☐ Drugs ☐ Other: _______________________

   What special care is recommended:

   __________________________

   Last tetanus immunisation was: _____/_____/_____  *(Tetanus is usually given at age 4 and again at age 15 to 17. Not required again until age 50 or for an open infected wound)*

   Is this the first time your child has been away from home? YES ☐ NO ☐
   Medicare Card No: ____________ ☐ ☐
   Ambulance Subscriber: YES ☐ NO ☐
   Signed: ___________________________ Date: ______________