



St Clare's College

CGSSSA Dance

Dear Parents and Carers,

Congratulations, your daughter has been selected to represent the College in a one day event for CGSSSA Dance

Details of Excursion/Activity:

- * **Date:** Tuesday, 27th August 2019
- * **Venue:** Monte Sant' Angelo Mercy College
- * **Address:** Miller Street, North Sydney
- * **Teacher/s in Charge:** Ms Nightingale
- * **Cost:** \$40 for dance costume purchase

Transport details:

- * **Transport:** Private Bus
- * **Meeting place:** St Clare's College Church Street gates at **7.30 am**
- * **Finishing Time:** Approximately 3:00 pm -3:30 pm

Uniform and other requirements:

- * **Attire to be worn:** Sports Uniform & tracksuit to and from the venue (College Representative polo), dance costume & accessories
- * **Lunch:** Please bring your own recess, lunch and a drink bottle
- * **What to bring:** Any other personal items
- * **Emergency Contact:** **02 8305 7100**

Students are reminded that their behaviour will need to be of the highest standard when representing the College. If you have any concerns regarding the information that has been outlined in this letter, please do not hesitate to contact the Teacher in Charge at the College on 8305 7100. Parents are asked to advise the College of any changes to their daughter's Medical Form that was completed when their daughter commenced at St Clare's College.

Regards,

Miss Louise Winchester
Sports Coordinator

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College
Waverley

St Clare's College

Please complete and return the consent form to **Miss Nightingale at the PDHPE Department Office** by **Friday 23rd August 2019**. **No student will be allowed to attend the above excursion without this completed permission slip.**

I have read the attached information and I give consent for my daughter,

_____ to attend the **CGSSSA Dance Excursion** on **Tuesday 27th August 2019**. To the best of my knowledge, she has no medical condition, disability or injury which puts her at risk of participating in this activity.

My daughter has the following special needs/medical condition. (Please provide the relevant allergies, medication)

I agree to delegate my authority to the College staff and any parent involved. I accept that the teachers will take appropriate disciplinary action necessary to ensure the safety, conduct and well-being of the students who are participating in this excursion/activity.

In the event of any illness, injury or accident, I authorise the obtaining of such medical assistance as my daughter may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any medical expenses thus incurred.

Parent/Guardian Signature _____ **Date** _____

Medicare No: _____ (for use at a Medical Centre or Surgery)

Contact Number: **Mobile** _____ **Work** _____ **Home** _____

Other _____