



St Clare's College

30th April 2019

Dear Parents and Carers,

Year 11 Hospitality Excursion - Saint Peter & Fish Butchery

To expose Year 11 Hospitality students to ingredients and processes that are authentic and of an industry standard. Students will undertake a tour of the Fish Butchery and complete a fish filleting masterclass as well as engaging in a Q & A session with chef Josh Niland.

Date:	Monday 20th May 2019
Venue & address:	Saint Peter & Fish Butchery - 362 Oxford Street Paddington
KLA:	TAS/VET Hospitality
Teacher in Charge:	Ms Taryn Smith
Support Teacher(s):	Ms Courtney McNally
Transport:	Public Bus
Meeting place & time:	Students will depart from the College at 9.00am and are required to bring their own Opal Card with sufficient funds for travel.
Return time:	Students will return to Bondi Station after 3.00pm and be dismissed from there.
Uniform:	Full School Uniform & Excursion Bag
Lunch:	Lunch will be provided on the excursion by the venue.
Emergency contact:	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 your daughter commenced at St Clare's College.

Thank you for your support.
Regards,

Ms Taryn Smith
Teacher In Charge

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College

CONSENT FORM

Please complete and return the consent form to the student's **Hospitality Teacher** by **Monday 13th May 2019**. **No student will be allowed to attend the above excursion without this completed permission slip.**

Please note Students will be dismissed from Bondi Bus Station after 3pm.

I have read the attached information and I give consent for my daughter, _____ in **Year 11** to attend the **Hospitality Excursion** on **Monday 20th May 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. 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 _____
Home _____

Work _____
Other _____