



# St Clare's College

6th May 2019

Dear Parents and Carers,

## Year 12 Food Technology Excursion - Brasserie Bread Banksmeadow

Purpose of excursion is to examine small scale food manufacturing processes. Students will also examine all aspects of quality assurance and HACCP as part of the syllabus requirements.

- Date:** Tuesday, 21st May 2019
- Venue & address:** Brasserie Bread - 1737 Botany Road, Banksmeadow
- KLA:** Food Technology
- Teacher in Charge:** Ms Suzie Zeiz
- Support Teacher(s):**
- Transport:** Students will travel by 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 the college by 2pm
- Uniform:** Full School Uniform
- Lunch:** Students are to provide their own recess & lunch
- 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 Suzie Zeiz  
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 **Food Technology Teacher** by **Friday 10th May 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, \_\_\_\_\_ in **Year 12** to attend the **Food Technology Excursion** on **Tuesday 21st 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 \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Other \_\_\_\_\_