



St Clare's College

22 March 2019

Dear Parents and Carers,

Year 11 Biology Excursion - Centennial Parklands - Lachlan Wetland

To collect scientific data on a wetland ecosystem for students to formulate an inquiry question as the basis for an ecosystems depth study. This is compulsory fieldwork and will be the basis for an assessment task.

Date:	Tuesday 4th June, 2019
Venue & address:	Centennial Parklands - Lachlan Wetland
KLA:	Science/Biology
Teacher in Charge:	Ms Jessica Ruan
Support Teacher(s):	
Meeting place & time:	Students will meet a Centennial Parklands, The Wild Play Discovery Centre at 9.30am
Return time:	4 hour program finishing at 2pm - Students will be dismissed from the site to make their own way home
Uniform:	School Uniform, hat, enclosed shoes and raincoat
Lunch:	Students to bring their own food & drinks
What to bring:	Own lunch and water. Pencil, pen & clipboard
Wet Weather Plan:	Wet weather gear or relocation to the discovery centre for indoor activities
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 Jessica Ruan
Teacher in Charge

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College

CONSENT FORM

Please complete and return the consent form to **Ms Jessica Ruan** by **Friday 31st 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 11** to attend the **Biology Excursion** on **Tuesday, 4th June 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 _____