



St Clare's College

20 March, 2019

Dear Parents and Carers,

Year 8 Music Excursion "Charlie & The Chocolate Factory" Musical

As part of the Year 8 study of "Musicals" Year 8 will be taken to experience a live musical observing characteristics and musical styles.

- Date:** Wednesday 19th June 2019
- Venue & address:** Capitol Theatre, 13 Campbell St, Haymarket NSW 2000
- KLA:** Music
- Teacher in Charge:** Ms Vanessa Hurley
- Support Teacher(s):** Ms Helene Galettis, Amelia Griffiths & TBA
- Transport:** Private Bus
- Meeting place & time:** Students will depart from the College at 11.45am
- Return time:** **Please note:** Students will not return to the College until 4pm - 4.15pm
- Uniform:** Full School Uniform & Excursion Bag
- Lunch:** Girls may order their lunch at the canteen to be picked up at recess (11am) or they may bring their own lunch. (to be eaten at 11am)
- 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 Vanessa Hurley
Teacher In Charge

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College

CONSENT FORM

Please complete and return the consent form to **Ms Hurley** by Monday, **27th 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 8** to attend the **Music Excursion on Wednesday, 19th 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 Numbers: Mobile _____ Work _____

Home _____ Other _____