



St Clare's College

7 June 2019

Dear Parents and Carers,

2019 Winter Sleepout Incurion for Year 8 and any Year 11 or 12 students

To allow students to get a glimpse of the realities of homelessness on a personal level by 'sleeping rough' for one night.

Date:	Friday, 21 June 2019
Venue & address:	St Clare's College
KLA:	Religious Education
Teacher in Charge:	Ms Monica Ribeiro
Support Teacher(s):	Ms Courtney McNally, TBA
Transport:	Students are to be dropped off and picked up from the College
Meeting place & time:	5.30-5.45pm at St Clare's College
Pick up time:	7am Saturday, 22 June at St Clare's College
Uniform:	Students to wear mufti warm clothes
What to bring:	Blankets/sleeping bag and cardboard to sleep on for the night. A \$10 donation is required for dinner, supper and Vinnies.
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 M Ribeiro
Teacher in Charge

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College

CONSENT FORM

Please complete and return the consent form to **Ms Ribeiro** by **Monday, 17 June 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** to attend the **2019 Winter Sleepout Incursion** on **Friday 21 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 _____