



# St Clare's College

4 June, 2019

Dear Parents and Carers,

## Year 10 Geography Fieldwork

To examine assessment task using fieldwork techniques. The Concept of Changing Urban Places

- Date:** Monday 1st July 2019
- Venue & address:** Sydney Olympic Park Education Centre - Bicentennial Park, Sydney Olympic Park
- KLA:** HSIE/Geography
- Teacher in Charge:** Mrs Karen King
- Support Teacher(s):** Mrs Louise Armstrong & Mr Thomas Cooper
- Transport:** Private Bus
- Meeting place & time:** Students will depart from the College at 8.30am
- Return time:** Students will return to the College at approximately 3pm
- Uniform:** Sports Uniform
- Lunch:** Students need to bring their own recess and lunch
- What to bring:** Recess & lunch, water and appropriate wet weather gear
- 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,

Mrs Karen King  
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 **Geography teacher** by **Wednesday, 26th 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 10** to attend the **Geography Excursion** on **Monday, 1st July 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 \_\_\_\_\_