



St Clare's College

17 June 2019

Dear Parents and Carers,

Year 12 PDHPE Excursion - PDHPE HSC Student Enrichment Day

The Year 12 class will participate in seminar style sessions to reinforce learnt content in the PDHPE course prior to their trial examinations

- Date:** Monday, 24 June 2019
- Venue & address:** Australian Catholic University, 25A Barker Street, Strathfield NSW 2135
- KLA:** PDHPE
- Teacher in Charge:** Ms Louise Winchester
- Support Teacher(s):**
- Transport:** Private Bus
- Meeting place & time:** Students to meet at the college at 7.30am
- Return time:** Students will return to the college at approximately 3.30pm
- Uniform:** Full School Uniform including blazer
- Lunch:** Students are to provide their own recess, lunch and drinks
- What to bring:**
- 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 Louise Winchester
Teacher In Charge

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College

CONSENT FORM

Please complete and return the consent form to Ms Winchester by **Friday, 21 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 12** to attend the **PDHPE HSC Student Enrichment Excursion** on **Monday 24 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 _____

Work _____

Home _____

Other _____