



St Clare's College

25 June 2019

Dear Parents and Carers,

Year 8 Visual Arts Excursion - Museum of Contemporary Arts and Luna Park

Students will gain a broader insight to interpreting Contemporary Art from their visit to the MCA and will use their visit to Luna Park as inspiration for a series of artmaking tasks.

Date:	Monday 29th July, 2019
Venue & address:	Museum of Contemporary Arts and Luna Park
KLA:	CAPA - Visual Arts
Teacher in Charge:	Ms Amy Dunlop
Support Teacher(s):	Ms Maree-Louise Smith, Ms Georgina Papayianakis and Ms Sally Leong
Transport:	Private Bus
Meeting place & time:	St Clare's College at 9am
Return time:	Return to the college at approximately 3.00pm
Uniform:	College Sports Uniform (including Sports Hat) and excursion bag
Lunch:	Students to bring their own recess, lunch and water bottle in their excursion bags.
What to bring:	In case of wet weather, students are to bring their own umbrella and raincoat. In addition, students will require their own camera, pencil and VAPD
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 Amy Dunlop
Teacher in Charge

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College

CONSENT FORM

Please complete and return the consent form to your **Visual Arts teacher** by **Wednesday, 24th July 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 **Visual Arts Excursion** on **Monday, 29th 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 Numbers: Mobile _____ Work _____

Home _____ Other _____