



# St Clare's College

30 July 2019

Dear Parents and Carers,

## Year 7 Evangelisation Day

To have an interactive day that fosters an encounter with Jesus

- Date:** Tuesday, 27 August, 2019
- Venue & address:** De La Salle & Bethlehem College Ashfield  
18-24 Bland Street, Ashfield NSW 2131
- KLA:** Youth Ministry
- Teacher in Charge:** Ms Monica Ribeiro
- Support Teacher(s):** N/A
- Transport:** Private Bus
- Meeting place & time:** 8am at St Clare's College
- Return time:** Students will return to St Clare's by bus by 3.30pm
- Uniform:** Full School Uniform including blazers, students are to bring their excursion bags.
- Lunch:** Recess and lunch will be provided
- 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 Monica 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 **23 August, 2019**. **No student will be allowed to attend the above incursion without this completed permission slip.**

I have read the attached information and I give consent for my daughter, \_\_\_\_\_ in **Year 7** to attend the **Year 7 Evangelisation Day on Tuesday, 27 August 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 \_\_\_\_\_



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