



St Clare's College

19 August 2019

Dear Parents and Carers,

Year 11 - HOLDSWORTH BALL 2019

Date: Saturday 31st August 2019

Venue & address: San Damiano Hall, St Clare's College

KLA: Science

Teacher in Charge: Ms A Murphy

Support Teacher(s): TBA

Transport: N/A

Meeting place & time: St Clare's College all day 10.30am to 11.00pm

Return time: Finish time 11.00pm

Please be at the school before 11.00pm to collect your daughter.

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 Anne Murphy
Teacher in Charge

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College

CONSENT FORM

Please complete and return the consent form to **Ms A Murphy** by **Wednesday, 28th August 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 11** to attend the **Holdsworth Ball** on Saturday **31st 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 _____

Home _____ Other _____