29 November 2016

Dear Parents/Guardians

Year 8 Activity Day – Thursday, 15 December

This letter outlines important information regarding the upcoming Year 8 Activity Day. Please take the time to read through the information.

On Thursday, 15 December, all Year 8 students will be participating in an excursion to Carlton Park Beach for our end of year Activity Day. Students will come to school as normal where we will have some morning activities including a final Year Level Assembly. At 10.15a.m. students will travel to Carlton Park Beach where they will have a picnic and participate in activities. The Year Group will return to the MacKillop Catholic College by 3.00p.m. for normal buses. Students may not leave from or be picked up from Carlton Park Beach.

Please note: this event will include in and on water activities. Surf Life-Saving personnel will be in attendance.

Students will be required to wear College sports uniform and must also bring sunscreen and a hat. Your son/daughter may swim during the Activity Day so should bring appropriate swimwear including a rash vest for sun protection. Weather conditions will be monitored and our itinerary altered if needed.

Students will be supervised by staff trained with up-to-date Surf Lifesaving Certification, correct ratios will be adhered to and appropriate rescue equipment will be onsite during the activity. We have arranged for the Carlton Park Surf Lifesaving Club to assist with water supervision and also to run the Canteen on the day, however, I recommend students also pack recess and lunch as well as water.

Students do not have to swim and the Student Representative Members of each Home Room will provide activities such as sandcastle competitions and beach cricket for the afternoon. This will be a fun day for students and a lovely opportunity to come together as a Year Group before the holidays.

In order for your son/daughter to attend and participate in the Year 8 Activity Day please complete the attached permission form and return it to the College Office by Friday, 9 December.

Kind regards

[Signature]

Phillipa Coward
Year 8 Co-ordinator
pcoward@mackillop.tas.edu.au
MacKillop Catholic College
Excursions and Camps Parent/Guardian consent
Please return by Friday 9 December 2016

Name of excursion/camp: __Year 8 Activity Day____ATTENTION: ____Phillipa Coward____ (teacher name)

I _____________________________________________ (name of parent/guardian) as Parent/Guardian
of ___________________________________________ (name of student) _______________________ (Home Room)

have read the letter regarding the ________________________________ (name of excursion/camp) my
son/daughter is attending.

1. I give permission for my son/daughter named above to attend the excursion/camp.
2. I consent for my son/daughter to travel on or in any form of public or private transport where such transport is deemed
by the College to be necessary or desirable for the safe conduct of the excursion/camp.
3. I consent for my son/daughter to participate in all activities, outings, trips and functions arranged as part of this
excursion/camp.
4. I consent for the College, by its servants or agents:
   - to seek such medical or dental advice on behalf of my son/daughter as seen fit in the event of accident or illness, and
   - if, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') my
     son/daughter requires medical or dental attention or treatment (including but not limited to the administration of
     anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving
     such attention or treatment,
     provided that reasonable efforts are made to inform me of any serious injury or illness.
5. I certify that the consent which I have given in Paragraph 4 is valid at all times while my son/daughter is in the
   custody of the College while attending or participating in the excursion.
6. I certify that I understand that the College will take reasonable care in the event of my son/daughter suffering accident
   or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to
   my son/daughter in such event nor will it be directly responsible for any act or omission of any health practitioner
   attending or treating my son/daughter.
7. I am aware of, and agree to, my son/daughter undertaking (adventure) activities on the excursion/camp that may
   involve risks and hazards including but not limited to slip, stumble, cuts, abrasions, insect bites, snake bites, traffic
   accident and drowning.
8. I agree that MacKillop Catholic College is not liable if my son's/daughter's possessions or property is damaged, lost or
   stolen during the duration of the excursion/camp.
9. I have provided, at the date below, MacKillop Catholic College with both up-to-date medical and health information for
   my son/daughter as well as up-to-date contact details in case of an emergency.
10. I consent to receive email, SMS or Skoolbag notifications where there is a change of venue, time or date for the
    excursion/camp.

Signature: ___________________________________________________________________________ Date: __________________