8 November 2016

Dear Parent/Caregiver

Your child is invited to join Catholic Youth Broken Bay for a fun gathering of youth celebrating our faith through community activities, prayer and music.

PRAISEFEST will be at Our Lady of the Rosary Catholic Church, Waitara on Friday 2 December 2016. Travel will be by coach leaving school at 4.00pm. The event begins at 6:00pm at and finishes at 9:00pm. We expect to be back at St Joseph’s at 9.45pm.

We will be stopping at MacDonald’s West Gosford on the journey to Sydney so that students can purchase dinner.

The event is free and includes a sausage sizzle. There is however a $15 charge for transport.

Students will be supervised during this evening by staff from St Joseph’s.

Should you need to contact me during this event, my mobile number is 0438927824.

Excursion details:

Title of excursion: Praisefest
Destination: Our Lady of the Rosary Catholic Church, Waitara
Date: On Friday, the 2nd of December
Time: Leave school at 4pm and return to school at approx. 9.45pm
Cost: $15

Would you kindly complete the attached permission note and put it in an envelope with $15. Please return it to the school office as soon as possible and by Thursday 1 December.

Yours sincerely,

Fiona Green
Youth Ministry Coordinator

Telephone: 0438927924
Permission Note for Praisefest

As Parent/Guardian of (child’s name) ____________________________________________,
I (parent’s name) __________________________________ give my consent for her to participate in
Praisefest on Friday 2 December 2016 at Our Lady of the Rosary Catholic Church Waitara. I
understand that transport will be by coach or private vehicle.

I agree to delegate my authority to the teachers and assistants involved. Such persons may take
whatever measures they deem reasonable to ensure the safety, well-being and good conduct of the
students as a group or individually.

I also give my consent to the teacher/s and assistants to obtain any medical assistance or ambulance
transportation which they deem necessary should illness or an accident occur, and agree to pay all
medical and/or ambulance expenses incurred on behalf of the above student.

I further authorize qualified medical practitioners to administer anaesthetic/blood transfusions if the
need arises.

I submit the following medical information on behalf and details on any limitations which he/she has
for this excursion.

Signed (Parent/Guardian): ____________________________________________________

In an emergency I can be contacted on the following number: ________________________

My daughter’s mobile number is: ________________________________________________

MEDICAL INFORMATION

MEDICARE NUMBER _____________________________________

Is there any relevant information relating to your child taking part in this excursion? YES / NO

If yes:

A. Statement of the medical condition (including food or other allergies)

________________________________________________________________________

B. The implication of this condition (if any) in conjunction with this excursion.

________________________________________________________________________

C. What special action (if any) should be taken by the teacher/s or assistants?

________________________________________________________________________

D. What action should be taken in an emergency?

________________________________________________________________________