Student Excursion Permission Note

Trip to Broken Bay Praise and Worship Night (Pennant Hills)

19th February 2015

Dear Parent/Caregiver

The Diocese of Broken Bay is again holding their once a term ‘Praise and Worship’ Youth event at St Agatha’s Primary School Hall on Friday 6th March from 6-9pm.

The event is coordinated by The Diocesan Youth Ministry team.

There is a free Sausage sizzle being provided by the Diocese for dinner. The event is free. I have booked a coach to take students to and from the venue. Students are asked to bring a change of suitable casual clothes for the evening. We will leave the College grounds at 4pm and return at approximately 10pm (to the Kiss and Drop outside the College gates). Students will be supervised by Mr Adam Frost and other staff / Parish leaders.

The evening will consist of some great music, prayer and connection with God and each other in a very fun, youth oriented and informal atmosphere. It will be a great opportunity for students to connect with other students from the diocese and members of Parish Youth groups.

I ask that students return the signed slip below to me as soon as possible before Friday 27th February in order to secure their seat on the bus.

I encourage students to make a commitment to coming along on this trip as part of their own spiritual and faith formation.

Excursion details:

Title of excursion: BBYM Praise and Worship Night
Destination of excursion: St Agatha’s Primary School Hall, Pennant Hills
Date(s) of excursion: Friday 6th March
Cost of excursion: $0
Information about the excursion: Included in the letter above.

Would you kindly complete the attached permission note and medical information form and return it to Mr Frost by Friday 27th February.

Yours sincerely

[signature]

Youth Ministry Coordinator
Permission Note for Praise and Worship Night

As Parent/Guardian of _________________________, I _______________________________ give my consent for him/her to participate in the Broken Bay Diocesan Praise and Worship Night at St Agatha’s Primary School Hall, Pennant Hills.

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)

MEDICAL INFORMATION

MEDICARE NUMBER   __________________________________

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

If yes:

A. 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?

__________________________________________________________________________