10 July 2014

Nepean Careers Market

Dear Parents/Caregivers

The recent fire in our school has caused the loss of Career Education resources making it difficult to direct students to these resources, which enable them to make decisions concerning their transition from school and future career options.

A decision has been made therefore, to invite Year 12 students to go to the Nepean Careers Market on Thursday, 17/7/14 free of charge. If you have a child in Year 12 who has not paid for the Market then I urge them to consider this offer. All you need do is complete the Permission Note that comes with this letter and return it to me, Ms Elks, on Tuesday, or Mrs Beamer on Wednesday before lunch.

Students who have paid for the Careers Market will need to complete a new Permission Note and return it to me, Ms Elks, on Tuesday, or Mrs Beamer on Wednesday before lunch.

Market Information
The Nepean Careers Market is an annual event held this year on Thursday, 17 July 2014 at the University of Western Sydney - Kingswood Campus. The Market provides students with the opportunity to speak directly with the providers of post-school education, training and to collect relevant materials and information. Representatives from all NSW universities, private colleges and TAFE, group training companies and employers representing trades are on hand to help students and to answer questions they may have regarding career options and pathways from school.

Students will attend the Nepean Careers Market on Thursday, 17 July 2014.

Session time: 10.30am – 12.00pm. Travel will be by bus, leaving school at 10.00am and returning at approximately 12.30pm.

R. Elks
Careers Adviser

C. Presland
Principal
Dear Parent or Caregiver,

The class in which …………………………………………………………...participates will be going on an excursion
(Student's name)
to Nepean Careers Market on 17/7/14
(place) (date)

This excursion has been planned to supplement work being done in the following area(s):
☐ English, Mathematics, Science, TAS, HSIE, PD/H/PE, Creative Arts, Language (circle please)
☐ Other: Careers

The cost of the excursion is: na

Travel will be by Bus

The excursion will depart from: St Clair HS at 10.00am
And will return to: St Clair HS at 12.30pm

Students are / permitted to bring mobile phones for parent contact if need be.

The teacher in charge of the excursion is: Robyn Elks
The teacher with Emergency Care training is: Robyn Elks
The teacher with Cardio Pulmonary Resuscitation training is: Robyn Elks

Students will need the following items on this excursion:
Clothing: ☐ Full School Uniform OR ☐ Food: ☐ Food and drink from home
☐ ☐ Food and drink from shop (if required)
☐ ☐ Other: ........................................................................................

If the excursion involves water or swimming activities and/or an overnight stay an additional information sheet is attached to this note.

Teacher(s) attending excursion: Robyn Elks
Sue Beamer
Ros Salt
Megan Currie

Those students from the class not attending the excursion will: Attend class
...........................................................................................................

Excursion Coordinator Principal

Please complete details on the attached page and return to the school by 16/7/14
I consent to my child, .......................................................... participating in an excursion
(Please circle) (student’s name)
to .......................................................... on ...... / ...... / 20...... (teacher to complete these details before issuing note)
(place) (date)
I give consent for my child to receive medical treatment in case of emergency. ☐ YES ☐ NO
Special needs (e.g. allergies, medication) ☐ YES ☐ NO
Please provide full details by completing the Medical Information Form.

Attachments to be completed and returned: ☐ Overnight excursions ☐ Travel insurance
☐ Water activities ☐ .............................................................

Student name: .......................................................... Class: ..........................................................

Parent or caregiver contact details
Name: ..........................................................................................................
Address: ..........................................................................................................
..........................................................................................................
..........................................................................................................
..........................................................................................................
Home phone: .......................................................... Work: .......................................................... Mobile: ..........................................................

Doctor contact details
Name: ..........................................................................................................
Address: ..........................................................................................................
..........................................................................................................
..........................................................................................................

Doctor’s telephone:
1. ..........................................................................................................
2. ..........................................................................................................

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)
1. Name: .......................................................... Phone: ..........................................................
2. Name: .......................................................... Phone: ..........................................................

MEDICAL INFORMATION FORM

The information provided on ...... / ...... / 20...... (date) by .......................................................... (Guardian’s name) is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about .......................................................... (student name) who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with St Clair High School.

It will be used by the NSW Department of Education and Training for to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to proved health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is required by law / voluntary. However, a failure to provide the information may mean that your school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of the information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Please sign PTO

Please complete details on this form and return to the school by 16/7/14
Medical conditions or illnesses continued

List existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies, etc).
Outline the treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

Signature:  
Date:  

Please complete details on this form and return to the school by 16/7/14