20th February 2015

Dear Parents / Guardians of Year 12,

As part of the College spirituality and personal development programme, your son will be attending the compulsory Year 12 Retreat to be held in Week 8 of this term. Detailed below is the information regarding cost and further organisation for departure.

Students have been put into Groups 1 or 2 according to MCC sport commitments and at the discretion of the Year Coordinator, Mrs. Kratochvil. These Group allocations have been advertised on the Year 12 notice board.

We would appreciate the return of the completed consent and personal detail sheet by Wednesday, 25th February 2015 to your son’s homeroom teacher.

RETREAT DETAILS

LOCATION: The Hermitage
Old South Road, Mittagong

DATES: Group 1 – Sunday, 15th March to Tuesday, 17th March
Group 2 – Wednesday, 18th March to Friday 20th March

Students will not be required to attend school when not on Retreat. It is expected that this time will be used at home for study and assessment preparation.

DEPARTURE: Both groups depart from the College at 2pm. Students to meet staff in the courtyard at 1.30pm.

RETURN: Both groups will arrive back at the College by approximately 4.30pm

WHAT TO BRING: Casual clothes including something warm for the evenings, toiletries, bed linen and blankets (or a sleeping bag), a pen. If any medication is required please liaise with Mrs Kratochvil and note on the personal details page in this document.

COST: $250.00 which includes transport, accommodation, all meals and retreat resources. This will be included on your Fee account.

The Year 12 Retreat is for many students one of the most significant programmes undertaken in this important year. The students demonstrated great generosity and growth as a result of the pastoral ministry programme prepared for them in Year 11. We look forward to working with them again in this retreat.

Regards,

Mr Ian Laing
Religious Education Coordinator

Mrs Trish Kratochvil
Year 12 Coordinator
MARCELLIN COLLEGE RANDWICK

CONSENT FORM

I hereby give my consent for my son ____________________________ of Homeroom ______ to participate in the Year 12 Retreat program as outlined on the accompanying letter and agree to delegate my authority to the Staff and Instructors involved.

Such Teachers and Instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group or individually during the Retreat.

I also authorise the Teachers and Instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of my son.

I submit the medical information requested and include details of limitations which he has for any of the activities which are part of the program.

I further authorise qualified practitioners to administer an anaesthetic if such an eventuality arises.

Signed: ____________________________ (Parent/Guardian)

Name: ________________________________

(Please Print)

Date: ____________________________
MEDICAL INFORMATION SHEET

Full Name of Student: ______________________________________________________________

Homeroom: ___________ Student’s Mobile Number: ________________________________

Mother’s Name: ________________________________________________________________

Home Phone: ___________________________ Work Phone: _____________________________

Mobile Phone: _________________________________________________________________

Father’s Name: ________________________________________________________________

Home Phone: ___________________________ Work Phone: _____________________________

Mobile Phone: _________________________________________________________________

Name of alternate contact in case of emergency: ___________________________________

Relationship to student: __________________________ Phone No: ______________________

Does your son suffer from any of the following?

Asthma _____ Diabetes _____ Epilepsy _____ Allergies _____ Other _________________

Outline any medication or treatment for the above: __________________________________

Will your son be taking any medication at the retreat? ________________________________

Details of medication, dosage and any other information which staff may need to know to assist your son with his condition.

____________________________________________________________________________

____________________________________________________________________________

Is your son covered by private medical insurance? _________________________________

Name of Fund: _______________ Membership No: ________________________________

Medicare No: ____________________________

Outline any special dietary requirements that your son has: __________________________

____________________________________________________________________________