10 March 2015

Dear Parent or Guardian

The following information concerns Mission Action Day 2015:

<table>
<thead>
<tr>
<th>Title</th>
<th>Mission Action Day Walkathon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>The Mission Action Day Walkathon is a whole school social justice event raising funds for a variety of Lasallian charities both locally and overseas.</td>
</tr>
<tr>
<td>Location Destination</td>
<td>Basil St Reserve/Gardiners Creek Walking Track</td>
</tr>
<tr>
<td>Address</td>
<td>A detailed map will be provided to students prior to the event.</td>
</tr>
<tr>
<td>Date of Excursion</td>
<td>Friday 27 March</td>
</tr>
<tr>
<td>Times</td>
<td>Students are to make their own way both to and from Basil Street Reserve with the event to begin at 8.45am and likely to run until approximately 12pm. Students will be dismissed from the venue at this time</td>
</tr>
<tr>
<td>Student Dress</td>
<td>All students are permitted to wear casual clothing for this event.</td>
</tr>
<tr>
<td>Other Information</td>
<td>This is a compulsory school event for which a detailed information sheet will be provided to both parents and students in the week prior. Students are asked to collect as many sponsors as possible and complete the MAD Sponsor sheet distributed earlier in the year.</td>
</tr>
<tr>
<td>Organising Staff</td>
<td>Mission Action Day Committee</td>
</tr>
</tbody>
</table>

Please sign the attached consent form and return it to the Tiverton & Kinnoull Office by Monday 16 March. This is a compulsory excursion and completion of the consent form is required for each student’s attendance.

Yours sincerely,

[Signature]
Mr Tom Ryan
Deputy Principal – Pastoral Care and Organisation
EXCURSION CONSENT FORM

Excursion: Mission Action Day Walkathon
Date: Friday 27 March

Name of Student: ____________________________ Homeroom: ______

CONSENT TO ATTEND

I, __________________________________________ (please print)
hereby give permission for my son to attend the Mission Action Day Walkathon on Friday 27 March. I
acknowledge that during the excursion, acceptable standards of behaviour will be expected of the students. I
understand that in the event of my son’s serious misbehaviour during the excursion, he may be sent home. I
further understand that in such circumstances I will be informed and that any costs associated with his return will
be my responsibility.

MEDICAL

I declare that the information, which I have provided, on the medical form returned at the start of this year is
complete and correct.
I have noted below details of any changes to the medical information / conditions relevant to my son:

__________________________________________

__________________________________________

__________________________________________

FIRST AID TREATMENT

I accept that the organisers will take all normal care. In the event of an accident or illness, I authorise the teacher
in charge of the excursion to consent, where it is impracticable to communicate with me, to my son receiving such
medical or surgical treatment as may be deemed appropriate. I understand that it may be necessary to transport
my child by ambulance, taxi or private comprehensively insured vehicle in an emergency during the excursion. I
agree to meet any costs incurred.

Parent/Guardian Signature: ____________________________ Date: _________

NOTE: This consent form must be returned to the Tiverton & Kinnoull Office by Monday 16 March.