

# St Mary MacKillop College

## General Consent Form 2024 - Year 10

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Attention: **PASTORAL CLASS TEACHER**

As Parent/Carer of \_\_\_\_\_ in Pastoral Class \_\_\_\_\_

I give consent for them to participate in the:

|                                   |                                |                                       |
|-----------------------------------|--------------------------------|---------------------------------------|
| Opening Mass                      | 22 <sup>nd</sup> February 2024 | Tuggeranong Basketball Stadium        |
| Swimming Carnival                 | 29 <sup>th</sup> February 2024 | Dickson Aquatic Centre                |
| Athletics Carnival                | 26 <sup>th</sup> March 2024    | Australian Institute of Sport (Bruce) |
| Year 10 Urban Challenge (Group 1) | 1st-3rd July 2024              | Sydney                                |
| Year 10 Urban Challenge (Group 2) | 3rd-5th July 2024              | Sydney                                |
| Feast Day Mass & Celebrations     | 6 <sup>th</sup> September 2024 | Tuggeranong Basketball Stadium        |
| Community Day                     | 25 <sup>th</sup> November 2024 | Big Splash (Macquarie)                |
| Cross Campus Activities           | Various                        | Padua Campus                          |

including consent for them to:

Travel on a school bus or any form of transport where such transport is deemed by the College to be necessary or desirable.

Participate in the activities organised and/or approved by the College; and delegate my authority to the staff and instructors involved.

Participate in other incidental activities as approved by College staff.

I agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take suitable disciplinary action that they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group, or individually in the abovementioned excursions.

I also consent to staff administering medications, should the need arise, as per Individual Health Care Plan/Request to Dispense Medication and related forms lodged with the College.

I accept that my child is to behave in an appropriate manner and have explained this obligation to them. I agree, that if my child re