



STAY OVER CONSENT FORM

...He opens his arms to the poor and reaches out his hands to the needy. Proverbs 31:20

Dear Parent/Guardian,

The annual St Edmund's 'Stay Over' (in place of Sleep out) will be held on September 18th, as we prepare for this event we pause a moment in reflection and consider those who have slept rough through this cold winter in Canberra and experienced extra hardship due to covid19 . The stay over will provide support to Karinya House, which the College has had a strong link with for many years through fundraising and raising awareness of the great work this organisation does in our Community.

Students from years 4-12 will stay over after school and be given an opportunity to become more informed around the issues that Homeless people face every day. During the "Stay Over," the boys will spend time in small groups and individually discussing and reflecting on what they can do to improve the life of others in need. Dinner will be provided in the form of soup and bread rolls on the night.

Date:	Friday 18th of September
Meeting time:	Friday 3.30pm in the Gymnasium
Dismissal from school:	Friday 9pm.
Donation:	\$10 to donate to Karinya House (4-12 boys only).
What to bring/ Dress:	Casual clothes
Teacher/s in Charge:	Mr Monagle/ Ms Cusack/ Mr Brennan

If you have any concerns about this excursion please contact me at the College on (02) 62390628. Please return form by the 16th of September to Ms Cusack or Mr Monagle.

Mr Michael Monagle
Assistant Principal of Mission and Identity

Permission Form –Stay over

Name of Student: _____

Year Level: _____ **Tutor Group** _____

I give permission for my son to attend the **Stay Over** incursion on **Friday, 18th September 2020**. Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion or activity to:

Consent to _____

(Student name)

receiving such medical or surgical assistance as is recommended by a medical practitioner in the event of any illness or accident; administer or consent to such first aid as the teacher in charge of the incursion may consider to be reasonable necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

I understand that while travelling my son may not be under the direct supervision of the teacher.

I also accept that my child may be returned home early from the incursion or activity in the event of serious misbehaviour and that any cost associated with this will be met by me.

Name of Parent/Guardian _____

Address _____

Telephone 1 _____ *Telephone 2* _____ *Telephone 3* _____

Parent/Guardian Signature _____ *Date* _____

Student Mobile: _____