



01/03/17

Dear Parents,

Your Daughter has nominated to be a part of a Debating Training Afternoon at Loreto Normanhurst. This training will be organised and delivered with the Oratory Coordinator, the Academic Activities Leaders and Senior Debating Students. The aim of the session is to equip year 7 and year 8 students with basic skills in High School Debating Competitions. There will be no charge for this event.

The following letter is a standard risk assessment and permission note for your daughter to attend this Training. Can you please read, complete and submit the following risk assessment by the 6th of March 2017.

Excursion Details

Faculty undertaking this excursion: Oratory
Type of activity: Yr 7 and 8 Training Afternoon
Date of Excursion: Tuesday, 7th March, 2015
Location of excursion: Loreto Normanhurst
Travel: N/A
Dress: Full School Uniform.
Starting Time: 3:30pm Level 2 GBC
Finishing Time: 4:30pm
Meeting Place: Level 2 GBC

❖ Identification and management of risk

- Students will be based in one area of the school and may not leave this area.
- Teachers will be accessible in a main area and students should report to the area at the conclusion of each debate.

❖ Students with special medical conditions

- Students with special medical conditions are required to identify these in the space provided at the bottom of this letter. If an emergency occurs, parents will be contacted immediately.

❖ Student Behaviour and expectations

- Students are reminded that they should uphold the behaviour policies outlined in the Student Handbook

❖ Afternoon Tea

- Students will be need to provide their own afternoon tea

Yours sincerely,

2017

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Loreto Normanhurst Limited
ACN 142 852 506


~~Ms Bernadette O'Dwyer~~
Oratory Coordinator

Consent Form

I hereby give permission for my daughter _____ to attend The Loreto Normanhurst Training Session for Year 7-8 on the 7th of March 2017. My daughter does / does not have a special medical condition of which teachers need to be aware.

I am aware that I need to organise transport home from the venue for my Daughter.

Signed: _____
(Parent / Guardian)

Mobile Contact Number _____

Medical Condition _____

Dietary Requirements _____

Please note: Any student with Asthma, Diabetes, Anaphylaxis, Epilepsy must include a current action plan issued by a Doctor