



CORPUS CHRISTI COLLEGE

SEQUERE DOMINUM

YEAR SEVEN QUEST RETREAT 2016

PARENT/CARER CONSENT FORM

I have read and understood the information regarding the Year Seven Quest Retreat that was provided in the Parent Booklet that is include with this form. A PDF copy of the booklet is available on the College website – <http://www.corpus.wa.edu.au>. There is also a Parent Letter with all details of the Retreat and information regarding the Parent Affirmation Letter.

I give my consent for my son/daughter _____
Please print full name
from _____ to participate in the Year Seven Quest Retreat.
House

The Quest Retreat will take place from 8:30am to 5.15pm on Friday 5th February and 8.30am to 1.15pm on Saturday 6th February 2016.

I am aware and understand that my child will be visiting his/her Year 10 or 11 Quest Minister's home as part of the Christian Service component on the Saturday of the Retreat. My child may also be visiting a second Quest Minister's home to take part in a shared meal before they return to the College. This part of the Retreat will involve transport to and from the College by the Quest Minister's parents. I am aware that CCI Insurance will provide cover for this school-approved excursion.

If there is any medical or general information, i.e. dietary requirements, we need to be aware of for this Retreat from the College and would not already have on file please list below.

Where it is not practical to communicate with me, I authorise the teacher in charge of the day to consent to my child receiving such medical treatment as may be considered necessary.

Contact: Phone: _____ Mobile: _____

Signed _____ (Parent/Carer)

Date: _____

*Any queries can be answered by contacting Mr Simon Keane (skeane@corpus.wa.edu.au)
Please return this form to Miss Sara-Ann Low (slow@corpus.wa.edu.au) at the College by Monday
30th November 2015 at the Parent Information Evening or as soon as possible afterwards.*