



Sacrament of Confirmation Mass (19/09/2025)

Dear Parent/Guardian

An event, Sacrament of Confirmation Mass, has been planned for Friday, 19 September 2025.

Invitation

We warmly invite you to join us in celebrating our Confirmation students as they complete the Sacrament of Confirmation.

Friday 19 September 2025

5:30 pm

Our Lady of Lourdes Church

Wauchope

Come and share this special occasion with our students, families, and parishioners

Our school community is invited to celebrate with our students as they receive the Sacrament of Confirmation, conferred by our Bishop, Gregory Homeming.

Supervision for younger children is available during the celebration. Please check in with staff as you enter the church.

Date/Time	Session Name	Venue
Friday, 19 September 2025 (5:30 PM to 6:30 PM)	Confirmation mass	Our Lady of Lourdes Church Wauchope

Dress Code Required Uniform details

Transport Enter Transport Details

Staff member in charge: Sophie ANDERSON

Consent: Required, due by Friday, 19 September 2025

Consent can be provided online through your school's parent portal (<https://wauplism-nsw.compass.education>), or alternatively by returning the form below to Online Consent Only.

All Details of the Excursion or Camp (This information is viewable by parents on the consent form) Include: Date/s Time/s Cost Schedule How this excursion relates to the curriculum All information that would usually be included for an excursion or school camp. (attach any packing lists/needs as resources for parents rather than including on Consent Form here)

St Joseph's Primary School - Wauchope

Sacrament of Confirmation Mass (19/09/2025)



Consent form for Compass Support (JDLF)

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As the parent or legal guardian of Compass Support give,

1. Consent for Compass Support to

- a. **Attend the official school event so described**
- b. **Participate in all activities, outings, trips and functions arranged as part of this event**
- c. **Travel on or in any form of public or private transport where such transport is deemed by the school to be necessary or desirable for the safe conduct of the event,**

2. Consent for the school by its servants or agents;

- a. **To administer first-aid and seek medical or dental advice in the event of injury or illness**
- b. **To give attention or treatment, if in the opinion of an attending medical practitioner or medical officer ('health practitioner') Compass Support requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, or the performance of any surgical operation) provided that reasonable efforts are made to inform me of any serious injury or illness,**

3. Certify and understand that:

- a. **The School will not be responsible for the costs of any medical or dental attention or treatment administered to Compass Support in said event nor will it be directly responsible for any act or omission of any health practitioner attending or treating Compass Support**
- b. **If Compass Support should bring, supply or consume drugs, alcohol, cigarettes, weapons or exhibits inappropriate behaviour, or behaviour that endangers themselves or others, I will bear the full cost of return transport home for Compass Support and any adult supervisor that may be required to ensure the safety of Compass Support during that transport, as well as costs associated with breakages or damaged caused by Compass Support**
- c. **In the case that this event is postponed to a future date, this consent will be taken to apply to that future event, unless consent is withdrawn in writing, to the school and excursion, camp or event fees will not be refunded.**
- d. **I am consenting to the use of my "name" as an electronic signature and consent to attend in lieu of an original signature on paper. I am signing this "consent to attend" voluntarily and recognise that my "name" and/or "payment" serves as complete and unconditional release of all liability to the greatest extent allowed by law and a withdrawal of consent to use an electronic signature can only be made in writing to the school.**

Details of allergies and/or medication currently being taken:

Emergency Phone Numbers:

Parent A _____ Parent B _____ Guardian _____
 Phone Number _____ Phone Number _____ Phone Number _____

Parent/guardian signature (consent/agreement): _____ Date: ____/____/____

