



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

12th December, 2014

Dear Parents,

**FIELD TRIP TO THE A. C. CAMARGO CANCER CENTRE LABORATORY –
TUESDAY 16TH DECEMBER 2014**

I am delighted to announce that we have been offered an opportunity for our Upper 6th Biology HL IB students to visit the Cancer Centre Laboratory in A.C. Camargo Hospital on Tuesday 16th December.

During our brief visit to the laboratory, our pupils will be able to do some scientific techniques involving DNA profiling and genetic engineering.

This is an excellent opportunity for the pupils to experience an element of the course, which is normally confined to textbooks. This trip is optional, however we do feel that the students will find it extremely interesting to have an insight into some 'real life' science.

We will leave school at 12.45 and will aim to return for approximately 4pm, so the pupils will miss period 7 on that afternoon.

I would be grateful if you could sign the permission slip below, confirming that you consent to your child attending this trip.

If you have any further queries please do not hesitate to contact me at cah@stpauls.br

Yours sincerely

Dr. Hartmann
Biology teacher



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

UPPER SIXTH EXCURSÃO PARA O CENTRO DE PESQUISA
SOBRE O DE CANCER NO HOSPITAL A. C. CAMARGO
TERÇA-FEIRA, 16 DE DEZEMBRO DE 2104 (12.45 – 16.00)

UPPER SIXTH FIELD TRIP TO THE A. C. CAMARGO CANCER
CENTER ON TUESDAY 16TH DECEMBER 2014 (12.45 – 16.00)

CANHOTO DE PERMISSÃO

CONSENT FORM (To be returned to Dr. Hartmann by Monday 15th December)

Autorizo meu filho(a) a participar da viagem acima. Estou ciente de que meu filho(a) participará da excursão e de que um membro da St. Paul's School poderá permitir que ele(a) receba tratamento médico. Concordo com esses termos. Confirmo que as informações médicas contidas no SchoolBase Online a respeito de meu filho estão corretas.

I give my permission for my son/daughter to take part in the above trip. I understand that whilst my son or daughter is taking part on this expedition, that any member of St. Paul's School staff may need to give permission for them to receive Medical Treatment, and agree to this. I can confirm that my child's medical information that the School holds on SchoolBase Online is accurate.

Nome do aluno | *Pupil's name* _____

Assinatura | *Signed* _____

Data | *Date* _____

It must be emphasised that, as well as being an exciting experience for your son or daughter they will be representing St. Paul's School. It is imperative that the pupils understand the need to abide by instructions to ensure their own safety and the smooth running of this Field Course. Should pupils decide not to abide by these expectations then the possibility exists that they may be returned home at the parents' expense. We would be grateful if you could reinforce this message at home.

Student's Signature _____