

11 September 2017



**NORWOOD  
MORIALTA**  
HIGH SCHOOL

Dear Parent/Caregiver

**RE: PLP Service in Action Excursion**

As part of PLP this term we are focusing on what it means to be a Global Citizen and how volunteering locally can have a global impact. Your child has indicated their interest to attend the 'Environment' excursion on Wednesday 13, 20 and 27 September to Morialta Conservation Park.

This opportunity will enable students to gain an understanding about what volunteering is, why it is important and both the local and global impact individuals can have by volunteering. Students will engage in activities such as park restoration, weeding and care of nature play equipment in Morialta Conservation Park.

Students will travel on foot to Morialta Conservation Park and work with the volunteer organisation, Friends of Black Hill and Morialta. Students will leave school during PLP time at 11.50am and return to school during lunch time by 1.40pm. Students will need to wear their full PE uniform for the duration of the excursion and bring a water bottle and a packed lunch with them.

We ask that students return the attached consent forms, signed, to their Personal Learning Plan Teacher by Wednesday 13 September.

If you have any further questions regarding the excursions, I can be contacted on 8360 9843 or alternatively via email; [eulaly.allen331@schools.sa.edu.au](mailto:eulaly.allen331@schools.sa.edu.au).

Yours sincerely

Eulaly Allen  
Sports Manager/HPE & PLP Teacher

Jacqui van Ruiten  
Principal

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**ENRICHING  
HUMANITY**



### CONSENT FORM FOR EXCURSION

**(Both sides of this form must be completed and returned to the teacher in charge of the excursion)**

\*Please use block letters when filling out this form

**As a parent/caregiver of:**

STUDENT'S NAME		PLG	
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**I:**

PARENT/GUARDIAN NAME	
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**give my consent for him/her to participate in:**

NAME OF ACTIVITY	PERSONAL LEARNING PLAN GLOBAL CITIZENSHIP EXCURSION
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**at/on:**

LOCATION	MORIALTA CONSERVATION PARK	DATE OF ACTIVITY	13 <sup>th</sup> 20 <sup>th</sup> 27 <sup>th</sup> September 2017
MODE OF TRANSPORT	WALKING	DEPARTURE TIME	11:50 am
		EST RETURN	1:40pm

If the excursion is not for the full day, the students will be expected to attend normal lessons for the remaining part of the school day. They will need to bring necessary materials and be in school uniform for lessons.

### Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually. I understand that all school rules, especially regarding tobacco use and general behaviour, apply while on excursion.
- I agree to the transport arrangements as detailed on the reverse of this page.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also submitted health care information, including details of any relevant medical or physical limitations he/she has. I also consent to my child's doctor being contacted in an emergency.
- I understand that all students recommended to wear PE uniform while on this excursion due to the physical nature of the activities.
- The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date: / /

### Emergency Contacts

#### Parent/Caregiver

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE		WORK TELEPHONE	ALTERNATIVE TELEPHONE

#### Family Doctor or Medical Clinic

NAME	
TELEPHONE	

## DETAILS OF EXCURSION

### If transport is by private car provided by a staff member

NAME OF OWNER			
NAME OF DRIVER			
MAKE OF CAR		REGISTRATION #	
NAMES OF ALL STUDENTS BEING TRANSPORTED IN THIS CAR			
OWNER DECLARATION	<p>I, the owner of the above vehicle, give permission for the students named above to travel in my car. I am aware that I can not accept payment from the passengers for this excursion.                      I declare that the car is fully registered, is covered by a comprehensive insurance policy, is in a roadworthy condition and is fitted with sufficient seat belts for all passengers. I understand that the School Governing Council, Principal and / or DECD will not be liable for any damage to the vehicle, or injury to the passengers or driver in the event of an accident. I guarantee that the driver is the holder of a current, full driver's license that is of the applicable class for this vehicle.</p> <p>OWNER: _____ DRIVER: _____ DATE: _____                      (If different from owner)</p>		

### COSTS TO STUDENT This is to be paid into the paystation by \_\_\_\_\_ am / pm \_\_\_\_\_ (date)

TRANSPORT		ENTRANCE FEE	
FOOD			
<b>TOTAL COST</b>			

ANY FURTHER EXPENSES THAT MAY REQUIRE THE STUDENT TO BRING MONEY ON THE EXCURSION.	NA
ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED. NB: Students are required to wear PE or School uniform.	Water bottle, hat and possibly sunscreen

### HEALTHCARE INFORMATION

\*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any student health care problems.

Does the student have any medical condition or other healthcare concern?		Yes	No
If yes, give details			
Are you aware of any medical / healthcare emergency that could arise?		Yes	No
Type of emergency and how to recognise it			
Avoidance precautions			
Emergency treatment			
Does the student take any prescribed medication, including inhalers?		Yes	No
If "Yes", what medication?		Does the student carry own medication?	Yes / No
Dose, when and how often taken			
Side effects?			
Do you have Ambulance Subscription?		Yes	No
If "Yes", which fund?			