

1 May 2017

Dear Parents / Caregiver

Re: Outdoor Education Practical Lesson

The Outdoor and Environmental Education class will be participating in a series of practical training and environmental awareness days throughout term 2. These days will be conducted during our Monday double lesson (specific date listed below):

- Monday 8 May
- Monday 22 May
- Monday 29 May
- Monday 5 June

The activities will be at various locations, including Tennyson Dunes, Morialta Conservation Park, Thorndon Park and Black Hill Conservation Park. Students will be travelling using the school buses.

Instruction and supervision will be provided by Norwood Morialta High School teaching staff and while every effort is taken to minimise the risk to participants an inherent risk remains due to the nature of the activities. Students may as part of this activity may be exposed to the following risks:

- *physical exertion*
- *exposure* to the natural elements including *storms, tempest, wind, sun,*
- *weather extremes* subject to sudden and unexpected changes.
- *wild animals (snakes, bees, kangaroos and more)*
- *transportation*
- *equipment failure*


As part of the management process it is essential that we have current consent and medical information and as such require the attached consent and medical form to be completed and returned.

If you have any concerns or wish to discuss any aspect of the Stage 1 Outdoor and Environmental Education program in greater detail please feel free to contact me on 8364 2299 or via e-mail at [alicia.anson412@schools.sa.edu.au](mailto:alicia.anson412@schools.sa.edu.au)

Yours sincerely



Alicia Anson  
Outdoor Education Teacher



Jacqui van Ruiten  
Principal

Attach.



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**ENRICHING  
HUMANITY**



Department of Education  
and Children's Services



Government  
of South Australia

### CONSENT FORM FOR EXCURSION/CAMP

(To be sent to parents in conjunction with school medical information request form)

\*Please use block letters when filling out this form

**As a parent/guardian of:**

STUDENT'S NAME	
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**I:**

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

NAME OF ACTIVITY	Stage 1 Folio Task Excursions
ACTIVITY DESCRIPTION	Students will participate in practical training and environmental observations during Monday lesson time at various locations

**at/on:**

LOCATION	Tennyson Dunes, Morialta CP and Thorndon Park	Monday 1:50pm – 3:10pm Weeks 2, 4, 5, 6
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**Has a Health Care Plan already been provided to the school?      Yes / No**

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the information sheet attached.

#### 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.
- 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 attached health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

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

Date:      /      /

#### Emergency Contacts

##### Parent/Guardian

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE		WORK TELEPHONE	ALTERNATIVE TELEPHONE

**Student Medic Alert Number (if applicable):** \_\_\_\_\_

\*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.

# Swimming/Aquatic Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in swimming and aquatic activities. This form will be shown to School Staff and Swimming Instructors and Emergency Services Personnel responsible for this student's safety at swimming and aquatic activities.

**STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM**

## Section 1: Person Details

Student Name.....Date of Birth.....

Name of School ..... Medic Alert No. (if relevant).....

Emergency Contact Person ..... Contact No .....

## Section 2: Health Support Information

Please complete the following information so the instructors and school staff can plan for your child's safety in the water.

Does your child have a health care need that could affect their safety in the water?

If NO – please go to section 3 – consent to participate in Swimming or Aquatics Activities.

If YES – please complete this section

If you tick any of the boxes below the Swimming and Aquatic Instructors need a written health care plan from your child's doctor/treating health professional. This may be a copy of the information you have provided already to the school.

**IMPORTANT:** failure to provide required medication will result in standard First Aid Management in an emergency.

Asthma		Seizures, Epilepsy	
Severe allergy (e.g. bee sting)		Diabetes	
Joint disorder		Heart Disorder	
Vision impairment		Hearing impairment	
Ear disorder		Skin condition	
Incontinence		Swallowing/choking	
Medication usually taken at school		Communication difficulties	
Other (please provide details)			

Have you attached health care details from your child's doctor/treating health professional? Yes/No

If NO, staff and instructors will provide standard supervision for safety and first aid (see over)

If YES, write down what you have attached and please ensure all relevant medication is provided.

## Section 3: - Consent to take part in swimming or aquatic activities

I give my consent for my child named above to participate in swimming or aquatic activities

I understand that school staff will be present and provide supervision for safety.

I understand that the swimming or aquatic instructor will be in charge of the water activities.

Parent/guardian.....Signature.....Date.....

**Standard Health Care Support for the most common health conditions:**

**Asthma** Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form. Standard First Aid: Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still not relief, call an ambulance. no return to the water after two lots of reliever medication within any given session.

**Seizures** No swimming without health care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch, provided by school. Seizures are generally managed in the pool. Continuation in the swimming program that day will be assessed by supervising teacher in consultation with student's health care plan.

**Diabetes** No swimming without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.

**Severe** As per allergy specialist care plan Allergy

**Drainage** Ear wrap or properly fitted plugs to be worn throughout water activities Tubes in unless written medical advice is provided saying this is not necessary. Ears

**Incontinence** As per care plan. Any accidents that result in contaminated water must be managed as per health regulations.

**Cryptosporidium Infection**

Cryptosporidiosis is caused by the parasite Cryptosporidium. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools for 14 days after symptoms have stopped.

**Choking** As per care plan

**Infection**

- All open wounds must be covered, for the child's own protection, with a Control waterproof occlusive bandage
- Students with significant unhealed wound(s) will be advised not to go swimming until the wound has closed.
- Students with ringworm should not commence swimming until at least 24hours after commencement of appropriate treatment (usually a topical anti-fungal cream)
- Students with tinea should not go into pools or change rooms until at least 24 hour after commencing appropriate treatment
- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.