

22 August 2017



**NORWOOD
MORIALTA**
HIGH SCHOOL

MIDDLE CAMPUS

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SENIOR CAMPUS

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**ENRICHING
HUMANITY**

Dear Parent / Caregiver

Re: Stage 1 Tourism Excursion – Adelaide Zoo

As part of Stage 1 Tourism students will be conducting fieldwork at the Adelaide Zoo to assess the sustainability and management strategies of a tourist attraction. The research is required for the practical component of their summative assessment.

Students will meet Ms Kearsley at the front gates of the zoo on Thursday 7 September (Week 7, Term 3) at 9.30am.

Students are required to wear the **correct school uniform**. They may bring a packed lunch or purchase food and drink from the café at the zoo. Students are also required to bring pens, clipboard, paper, surveys and interview questions and a camera or phone to record observations.

The excursion will be completed by approximately 2.00 pm. Students will be dismissed from the zoo to make their own way home.

The cost of \$14.00 for entrance to the zoo and session with the education officer can be paid on the day.

Please return consent form to Ms Kearsley by Tuesday 5 September.

Should you have any questions please contact me at school on 8364 2299.

Yours sincerely

Jacqui van Ruiten
Principal

Laura Kearsley
Tourism Teacher

Attach.



CONSENT FORM FOR CAMP/EXCURSION

(To be completed in conjunction with medical information and activity information sheets)

Please use block letters when filling out this form

PLEASE RETURN CONSENT FORM TO MS KEARSLEY BY TUESDAY 5 SEPTEMBER

As a parent/guardian of:

STUDENT/CHILD'S NAME

I:

PARENT/GUARDIAN NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY: Adelaide Zoo Excursion
REASON FOR AND DESCRIPTION OF ACTIVITY: Stage 1 Tourism students demonstrate their understanding of sustainable tourism management by observing and recording strategies used by the Adelaide Zoo to manage environmental and social impacts. Students are required to wear correct full school uniform. Students are to meet at the front gates at 9.30 am and will be dismissed at 2.00 pm. Students are to make their own way to and from the zoo.

at/on:

LOCATION: The Adelaide Zoo Frome Road Adelaide

FROM: 9 30 a m TO: 0 2 0 0 p m OR ON: 0 7 0 9 1 7

The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool? Yes [] No []

If No, please provide an updated Health Care Plan to the school/preschool on completion of this form.

Details of planned activities, transport arrangements, anticipated number of students/children 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 additional or updated 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 provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. 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 health care problems.

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.</p> <p>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>		
	OWNER: _____ DRIVER: _____ DATE: _____ (If different from owner)		

COSTS TO STUDENT

TRANSPORT		ENTRANCE FEE	\$14.00 to be paid at the zoo
FOOD			
TOTAL COST			

ANY FURTHER EXPENSES THAT MAY REQUIRE THE STUDENT TO BRING MONEY ON THE EXCURSION.	
ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED. NB: Students are required to wear school uniform.	

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?				