

30 May 2017



**NORWOOD
MORIALTA**
HIGH SCHOOL

Dear Parent / Caregiver

Re: Torrens Lake Excursion – Tuesday 6 June 2017

Our Environmental science class will be visiting the Torrens Lake Weir, Adelaide on Tuesday 6 June 2017 from 8: 30am to 12:30pm.

During this excursion, students will develop their understanding of the human impact on ecosystems. Each summer for the past few years the Torrens Lake, in the centre of the city of Adelaide, has been overtaken by blue green algae. Some of the algae produce a toxin which makes contact with the water dangerous to humans and other animals. The council has tried many different things to reduce the problem. Students will be developing their further understanding by witnessing and looking at different causes of the problem during their participation in the Torrens Lake trip.

Transport

Students will be travel by public bus, departing from Stop 21 Moules Road after 8:30 am to Torrens Lake Weir. They will need to pay for the bus ticket and provide a packed lunch and drink. There will be no opportunity to buy food during this excursion. We will return by bus to the Middle Campus by approximately 12:30pm.

Supervision

Students will be accompanied by two supervising teachers at all times. Students are required to wear the correct school uniform and conduct themselves in an appropriate manner. Phone or camera for photographs is optional. I will be in contact with the school on the mobile phone.

We are looking forward to participating in this excursion and further developing our understanding of Human impacts on the environment. Please complete and return the consent and medical form attached.

If you have any concerns, please feel free to contact me on 8365 0455 or via e-mail at damanpreet.kour740@schools.sa.edu.au

Yours sincerely

Damanpreet Kour
Science Teacher

Jacqui van Ruiten
Principal

Attach.

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**ENRICHING
HUMANITY**



Government of South Australia

Department for Education and Child Development



Modified NMHS / ED170
Updated 7/12

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	Torrens Lake Excursion
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at/on:

LOCATION	Torrens Lake Weir - North Adelaide	DATE OF ACTIVITY	06/06/2013
MODE OF TRANSPORT	Public Transport	DEPARTURE TIME	8:30 am/pm
		EST RETURN	12:00 am/pm

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.

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the reverse of this page.

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 are required to wear school uniform while representing the school.
- 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.</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> <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	Public Transport	ENTRANCE FEE	NIL
FOOD	Recess		
TOTAL COST	Own Ticket		

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

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?			