

NORWOOD MORIALTA HIGH SCHOOL



31 January 2017

MIDDLE CAMPUS
MORIALTA ROAD WEST
ROSTREVOR 5073
SOUTH AUSTRALIA
TELEPHONE: 08 8365 0455
FACSIMILE: 08 8360 9802

SENIOR CAMPUS
505 THE PARADE
MAGILL 5072
SOUTH AUSTRALIA
TELEPHONE: 08 8364 2299
FACSIMILE: 08 8139 2138

POSTAL ADDRESS
PO BOX 180
MAGILL SA 5072

www.nmhs.sa.edu.au

dl.0787.theprincipal@schools.sa.edu.au

PRINCIPAL: JACQUI VAN RUITEN

Dear Parent/Caregiver

**RE: CONSENT FOR SWIMMING TRAINING, WEDNESDAY
EVENING MEETINGS & SSSSA SWIMMING CARNIVAL**

The training sessions commence **Monday 6 February 2017** at the Uni SA Magill Pool, Bunday Street Magill and will cease on **Monday 20 March 2017**. Training will be held on most **Mondays and Thursdays from 7:00 until 8:00am** (please refer to the attached form for specific dates).

Students will be training for the:

- **Sports Association for Adelaide Schools weekly competition** held every **Wednesday** after school. Students will be transported to participating schools from 3.15pm and return by bus to the Middle Campus at approximately 5.15pm commencing **Wednesday 8 February 2017** and will cease on **Wednesday 22 March 2017**.
- **Secondary School Sport SA E Grade Swimming Carnival** on **Tuesday 28 February 2017** at the SA Aquatic and Leisure Centre, Corner Morphett and Diagonal Roads Oaklands Park (10.00am–1.00 pm).

There will be a break up breakfast on **Thursday 23 March 2017 from 7.00–8.00am** at McDonalds on Magill Road, Tranmere. More details will follow at the end of the swimming season.

Students are to make their own way to the Uni SA Magill Pool for trainings in the morning and will then be transported back to Middle Campus by school bus. Senior students will be required to make their own way to Senior Campus.

All students are required to complete the Consent Form and Medical Information Sheet accompanying this letter and return to Student Services-Middle Campus on **Friday 3 February 2017**.

If you have any questions regarding these events please contact the school on 8365 0455.

Yours sincerely

Kym Markwick
Sports Manager

Jacqui van Ruiten
Principal

Attach.

DISTINCTION

DIVERSITY

RESPECT



Government of South Australia

Department for Education and
Child Development

T/A South Australian Government Schools
CRICOS Provider Number: 00018A



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	
----------------	--	-----	--

I:

YOUR NAME	
-----------	--

give my consent for him/her to participate in:

NAME OF ACTIVITY	Trainings every Monday (6.2.17, 13.2.17, 20.2.17, 27.2.17, 6.3.17 & 20.3.17) and Thursday (9.2.17, 16.2.17, 23.2.17, 2.3.17 & 16.3.17) from 7.00 to 8.00am Sports Association for Adelaide Schools weekly Wednesday competition commencing 8.2.17 and ceasing 22.3.17 SSSSA Swimming Carnival – SA Aquatic & Leisure Centre, Corner Morphett & Diagonal Roads, Oaklands Park Swimming Break Up Breakfast 23.3.17
------------------	--

at/on:

LOCATION	Trainings – Uni SA Magill Pool, Bunday Street, Magill Wednesday Swimming Meets – Various Schools SSSSA Swimming Carnival – SA Aquatic & Leisure Centre, Corner Morphett & Diagonal Roads, Oaklands Park Swimming Break Up – McDonalds, Magill Road, Tranmere				
----------	---	--	--	--	--

MODE OF TRANSPORT	BUS	DEPARTURE TIME	am / pm	EST RETURN	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.
- I understand that final team selection will be based on students who are working within the expectations of 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. 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			
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?	No
Dose, when and how often taken		
Side effects?		
Are you covered by Ambulance Subscription?	Yes	No
If "Yes", which fund?		