

10 May 2017

Dear Parent/Caregiver

Re: Year 8 Geography Excursion – Morialta Conservation Park Project
Friday 26 May 2017.

As part of Year 8 Geography unit 'Landforms and Landscapes', Ms. Musolino and Miss Stewart will be taking their class to the Morialta Conservation Park to explore the national park on Friday 26 May.

We have been working collaboratively with the Morialta Conservation Park rangers who will meet with us to deliver information to the students about the landscape and landforms within the park, which will provide students with information they can use towards their end of term project.

We aim for students to use this beautiful setting we have at our doorstep to explore the Year 8 Geography curriculum. Students will learn about topics such as: the history of the landscape and landforms, human impact on the environment, natural hazards, Indigenous Peoples, flora and fauna and rivers and creeks. The final project created by students will be presented back to the park rangers at the end of the unit and some of their information will be displayed in the Morialta Conservation Park as a resource for tourists.

We are very excited about the term ahead and would like the following consent form returned by Thursday 18 May.

Arrangements:

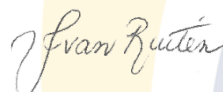
- Date: Friday 26 May.
- Time: From 8:30am – 10.40am
- Travel: Students will travel by school bus to and from Morialta Park. Teachers will be in attendance at all times.
- Venue: Morialta Conservation Park, Stradbroke Road.
- Uniform: students can wear their PE uniform while attending the excursion; however, they will need to change into the correct school uniform when they return back to school.
- Cost: Nil - there will be no cost involved as this project is part of the Year 8 geography curriculum
- Raincoat/Umbrella – in the event of wet weather, please pack a raincoat and/or umbrella.

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

Yours sincerely



Therese Musolino / Katherine Stewart
Geography teachers



Jacqui van Ruiten
Principal

Attach.



**NORWOOD
MORIALTA**
HIGH SCHOOL

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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	Year 8 Geography Excursion to Morialta Conservation Park
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at/on:

LOCATION	Morialta Conservation Park			DATE OF ACTIVITY	
MODE OF TRANSPORT	School Bus	DEPARTURE TIME	8:30 am	EST RETURN	10:40 am

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. 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	NIL		

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?			