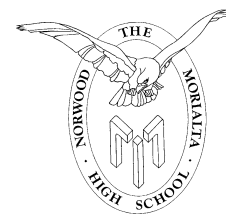


NORWOOD MORIALTA HIGH SCHOOL



30 January 2017

Dear Parent/Caregiver

Re: Year 9 Health and Physical Education

This term the Health program will include a topic on Relationships and Sexual Health. Research has shown that young people are willing to discuss relationships, sexual health, communication and safety with their peers in order to help answer questions regarding an often confusing topic.

The teachers involved in this program appreciate the sensitive nature of such topics and will work as professionals to provide a safe and supportive learning environment for each student. Please let the subject teacher know if there are any particular concerns or situations that the teacher should be aware prior to this program. Privacy will be respected.

It is important that you have a clear understanding of the content and aims of the program that your child is to take part in, with your informed consent. The Relationships and Sexual Health unit aims to provide students with relevant and up-to-date information enabling them to maintain healthy relationships and make appropriate decisions regarding their health and well-being. The program will also provide students with the opportunity to explore their values and beliefs. The topics covered will include:

- Puberty
- Sexual reproduction
- Sexuality
- Diversity
- Relationships
- Gender and stereotypes
- Safe sex, contraception and sexually transmitted infections
- Decision making
- Avenues for help

The program intends to support the primary role of the family in educating young people about relationships and sexual health. Parents who wish to communicate with the school in regards to this program can do so at any time, through their child's individual teacher using Daymap, email, telephone 8365 0455 or making an appointment with your child's teacher.

Yours sincerely

Ray Prideaux
Health and Physical Education Coordinator

Jacqui van Ruiten
Principal

Attach.

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Health and Physical Education: Year 9 Reply slip to Ray Prideaux

I, (Parent/Caregiver)..... have read and understood the information about the Relationships and Sexual Health program and give my informed consent for (Student)..... to take part in all activities involved.

Parent/Caregiver Signature Date.....

DISTINCTION

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Government of South Australia
Department for Education and
Child Development

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

Swimming/Aquatic Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in swimming and aquatics 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 aquatics 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 aquatics 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.....



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

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: Middle School Health and Physical Education Program
REASON FOR AND DESCRIPTION OF ACTIVITY: During the course of the year, it may be necessary for students to leave school grounds to complete various aspects of the Health and Physical Activity program.

at/on:

LOCATION: Various

FROM: TO: OR ON:

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 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.
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.

Standard Health Care Support for the most common health conditions:

Asthma	<p>Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form.</p> <p>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.</p>
Seizures	<p>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.</p>
Diabetes	<p>No swimming without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</p>
Severe Allergy	<p>As per allergy specialist care plan</p>
Drainage Tubes in Ears	<p>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</p>
Incontinence	<p>As per care plan. Any accidents that result in contaminated water must be managed as per health regulations.</p> <p>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.</p>
Choking	<p>As per care plan</p>
Infection Control	<ul style="list-style-type: none">- All open wounds must be covered, for the child's own protection, with a 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 24 hours 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 hours 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.

NORWOOD MORIALTA HIGH SCHOOL



Physical Education Expectations

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

All students are expected to be fully changed for practical lessons.

This includes:

- (1) School PE/ Sports Polo Top
- (2) Plain Navy Shorts/ Bike pants
- (3) Plain Navy Track Pants
- (4) Plain hat or cap in one or more of the school colours (during terms 1 & 4)
- (5) Appropriate shoes (we suggest a supportive multi-purpose sports shoe and not thin soled canvas shoes)
- (6) NO MUSIC DEVICES, PHONES OR EARPHONES ARE TO BE BROUGHT TO PE LESSONS (Staff **WILL** confiscate these if discovered).
- (7) NO School bags. Change of clothing must be carried to lesson in a separate bag.
- (8) Students are expected to meet assignment due dates. Failure to meet these requirement will directly lower students grades in the Knowledge and Understanding mark for PE (see assessment criteria for further clarification)

Note: Sunscreen is advised and made available for students

All students are expected to actively participate in all lessons, unless they have a note that explains a legitimate reason for being unable to participate. (Generally if you are well enough to be at school you are well enough to join in). Notes should clearly explain the nature of the injury/ illness and expected number of lessons that you will be unable to participate. Extended injuries/ illness that are not obvious (e.g. cast on a broken leg) need to be supported with a Doctors Certificate.

Outcomes associated with following these expectations:

- Safe participation in Physical Activity
- Opportunity to develop skills, fitness & improve individuals overall health
- Opportunity to experience success in Physical Education
- Opportunity to enjoy Physical Activity

Consequences for failure to follow these expectations:

If students do not change for lessons OR they fail to actively participate in the lesson, the following process will be followed:

- (1) Two warnings will be received by all students each term. The student if unchanged will still participate providing their attire is safe for the activity.
- (2) On the third and fourth occasion the student will receive a 15 minute lunchtime detention.
- (3) On the fifth occasion student's parents/caregivers are contacted by the PE teacher (by phone or via a note) and receive after school detention
- (4) Student is referred to the Year Level or HPE Coordinator.

Student Name: _____ **PLG:** _____

Parent/ Caregiver Signature: _____ **Date:** _____

Student Signature: _____

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