

23 August 2017

Dear Parent/Caregiver

Stage 1 Workplace Practices - Adelaide Central Markets Excursion

Throughout this semester of Workplace Practices, our students are developing their skills as baristas and their knowledge of coffee making. In term 4, they will apply their learning and development to operate *Vibe Coffee Bar* at recess and lunch. This will involve the creation of a menu, the development of their own products and the promotion of their event.

To support students with their learning in this subject, we will be visiting the Adelaide Central Markets at **on Tuesday 12 September**. This excursion will enable students to experience a variety of cafes and coffee bars that will inform the planning and preparation when they operate Vibe in term 4. Students will be completing a *Coffee Bar Study*, which will involve the presentation of their findings, observations and analysis from the excursion.

We will be leaving the Senior Campus at 12.10pm, taking the H20 bus to Currie Street where we will then walk to the markets. Students will complete an analysis task and will be dismissed from the Southern entrance (Gouger Street) at 2.45pm where they will need to organise their own transport home.

Please complete the attached consent form and reply slip and return to Ms Sarah Shepherd by Tuesday 5 September.

Students may bring their own lunch or may purchase food from the nearby cafes and stallholders. If rain is forecast, students must bring appropriate wet weather gear. Students are required to purchase their own bus ticket: \$5.40 concession (return trip).

If you have any questions, please contact either Jason Schutt or Sarah Shepherd at school on 8364 2299, alternatively email Jason.schutt443@schools.sa.edu.au or Sarah.shepherd770@schools.sa.edu.au. We appreciate your support and look forward to this experience!

Yours sincerely

Sarah Shepherd
Workplace Practices Teacher

Jacqui van Ruiten
Principal

Attach.

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Reply Slip to Ms Sarah Shepherd by Tuesday 5 September: Adelaide Central Markets Excursion – Tuesday 12 September

I..... give consent for to attend
Name of parent/caregiver Name of student

the excursion to the Adelaide Central Markets on Tuesday 12 September 2017 and to be dismissed from the venue at 2.45pm.

Parent/Caregiver signature: _____ Date: _____



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ENRICHING HUMANITY





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 SHEPHERD BY TUESDAY 5 SEPTEMBER

As a parent/guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Adelaide Central Markets
REASON FOR AND DESCRIPTION OF ACTIVITY	<p>Stage 1 Workplace Practices to allow students to experience a variety of cafes and coffee bars that will inform the planning and preparation when they operate Vibe in term 4</p> <p>Students are required to wear correct full school uniform</p> <p>Students will be leaving school at 12.10 pm and will take the H20 public transport bus to the city and will be dismissed at 2.45 pm from the city. Students are to make their own way home</p>

at/on:

LOCATION	Adelaide Central Markets Gouger Street Adelaide										
FROM:	12	10	pm	TO:	2	45	pm	OR ON	12	09	17

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

COSTS TO STUDENT

TRANSPORT	MONEY/BUS TICKET FOR PUBLIC 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?	Yes No
Dose, when and how often taken			
Side effects?			
Do you have Ambulance Subscription?		Yes	No
If "Yes", which fund?			