

11 September 2017



**NORWOOD
MORIALTA**
HIGH SCHOOL

Dear Parent/Caregiver

RE: PLP Service in Action Excursion

As a part of PLP this term we are focusing on what it means to be a Global Citizen and how volunteering locally can have a global impact. Your child has indicated their interest to attend the 'Primary School Literacy Development' excursion on Wednesday 13, 20 and 27 September.

This opportunity will enable students to gain an understanding about what volunteering is, why it is important and both the local and global impact individuals can have by volunteering. Students will engage in activities such as reading with and to primary school students and creating interactive activities to complete together.

Students will travel on the NMHS Middle Campus bus to Stradbroke Primary School and work with predominately year 6 students. Students will leave school at 8.50am and return to school at recess by 9.55am. Students are required to attend PLP lesson time during the day.

Students are required to wear the correct school uniform for the duration of the excursion and bring a water bottle along with any resources they may require.

We ask that students return the attached consent forms, signed, to their Personal Learning Plan Teacher by Wednesday 13 September.

If you have any further questions regarding the excursions, I can be contacted on 8360 9843 or alternatively via email; eulaly.allen331@schools.sa.edu.au.

Yours sincerely

Jacqui van Ruiten
Principal

Katherine Stewart
PLP Teacher

MIDDLE CAMPUS

Morialta Road West
Rostrevor SA 5073
TEL: +618 8365 0455

SENIOR CAMPUS

505 The Parade
Magill SA 5072
TEL: +618 8364 2299

PO Box 180,
Magill SA 5072

dl.0787.info
@schools.sa.edu.au
www.nmhs.sa.edu.au

**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 | |
|----------------|--|-----|--|

I:

| | |
|----------------------|--|
| PARENT/GUARDIAN NAME | |
|----------------------|--|

give my consent for him/her to participate in:

| | |
|------------------|---|
| NAME OF ACTIVITY | PERSONAL LEARNING PLAN GLOBAL CITIZENSHIP EXCURSION |
|------------------|---|

at/on:

| | | | | | |
|-------------------|---------------------------|----------------|------------------|--|--------|
| LOCATION | STRADBROKE PRIMARY SCHOOL | | DATE OF ACTIVITY | 13 th 20 th 27 th September 2017 | |
| MODE OF TRANSPORT | NMHS SCHOOL BUS | DEPARTURE TIME | 8:55 am | EST RETURN | 9:55am |

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.

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 must wear full school uniform while on this excursion.
- 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. | NA |
| ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED. NB: Students are required to wear PE or School uniform. | Water bottle, hat and possibly sunscreen |

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? | | | |