

11 August 2017

Dear Parent / Caregiver

**Re: Mt Remarkable National Park Bushwalk**

The Stage 2 Outdoor Education class has been working towards the Self-Reliant Journey program since the beginning of the year. This year students have selected to complete a 3 day bushwalking trip through the Mt Remarkable National Park. An integral part of this program is that students work interdependently within a small group to plan, conduct and reflect upon an outdoor journey. As the name suggests students work in a self-reliant fashion with indirect support from instructional and teaching staff. Contact between staff and students during the program will be via mobile phone, handheld shortwave radio and periodic checkpoint visits.

The self-reliant journey will take place from Thursday 31 August to Sunday 3 September. Travel to and from Mt Remarkable National Park will be via school minibus with departure from the **senior campus** on **Thursday 31 August at approximately 1:30pm**. Return from the journey will be to the same location **by approximately 4:00pm on Sunday 3 September**. During the journey students are responsible for providing all personal equipment including all food for the 3 days.

Instruction and supervision will be provided by Ryan Tripney and Emma Colbey, while every effort is taken to minimise the risk to participants an inherent risk remains due to the nature of the activity. Students may, as part of this activity, be exposed to the following risk.

- *physical exertion*
- *exposure* to the natural elements including *storms, tempest, wind and sun*
- *weather extremes* subject to sudden and unexpected changes
- *wild animals (snakes, bees, kangaroos and more)*
- *transportation*
- *equipment failure*

As part of the management process it is essential that we have current consent and medical information for all students attending, and subsequently we require the attached consent and medical form to be completed and returned on Wednesday 30 August. Participation in the self-reliant journey will not be possible without the return of the attached forms.

If you have any concerns or wish to discuss any aspect of the Stage 2 Outdoor and Self-Reliant Journey program in greater detail, please feel free to contact me on 8364 2299 or via e-mail at [ryan.tripney579@schools.sa.edu.au](mailto:ryan.tripney579@schools.sa.edu.au). Contact during the trip can be made on 0414285510.

Yours sincerely

Ryan Tripney  
Outdoor Education Teacher



Jacqui van Ruiten  
Principal

Attach.



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**ENRICHING  
HUMANITY**



Department of Education  
and Children's Services



Government  
of South Australia



NORWOOD  
MORIALTA  
HIGH SCHOOL

### CONSENT FORM FOR EXCURSION/CAMP

(To be sent to parents in conjunction with school medical information request form)

\*Please use block letters when filling out this form

#### As a parent/guardian of:

STUDENT'S NAME	
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I:

YOUR NAME	
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#### give my consent for him/her to participate in:

NAME OF ACTIVITY	Stage 2 Outdoor Education – Mt Remarkable National Park Self Reliant Bushwalk
ACTIVITY DESCRIPTION	Students will be completing a 3 day bushwalk through the Mt Remarkable National Park from Thursday 31/8/17 to Sunday 3/9/17. For full details and further information please refer to the attached information letter.

at/on:

LOCATION	Mt Remarkable National Park
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Has a Health Care Plan already been provided to the school?      Yes / No

Details of planned activities, transport arrangements 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 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): \_\_\_\_\_

\*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.



Government of South Australia

Department of Education and Children's Services

# Medical Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in outdoor and environmental education activities. This form will be shown to School Staff, Instructors and Emergency Services Personnel responsible for this student's safety activities.

**STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM**

### Section 1: Person Details

Student Name.....Date of Birth.....

Emergency Contact Person ..... Contact No .....

Medicare Number .....

Private Health Care Fund ..... Number.....

### 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.

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 exclusion from the program

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 for Medical Treatment

In the incidence of injury or sickness requiring first aid or further medical treatment I consent to the teacher or instructor in charge to seek this treatment for my son or daughter.

Parent/guardian.....Signature.....Date.....

# Norwood Morialta High School

## ~ OUTDOOR EDUCATION CONTRACT ~

Outdoor Education is a specialist subject teaching you the skills of living with others in outdoor situations. It demands a high level of cooperation and responsibility on your part, and inappropriate actions are looked upon very seriously.

The course expectations are outlined in the following four points:

### 1. **People**

*All group members have rights and must be able to enjoy outdoor activities in a non-threatening and safe manner.*

*Teachers and instructors are responsible for your safety so you must follow instructions and guidelines for all activities.*

*Cooperate with group decisions and respect others rights by not excluding others or engaging in discriminating behaviour.*

### 2. **Environment**

*Closely follow the principles of 'Minimal Impact' in all outdoor activities. These principles are fundamental to Outdoor Education courses and are discussed in class.*

### 3. **Equipment**

*Equipment is expensive. Treat it in the manner for which it was designed. Trangia's, for example, are to be kept in sets and cleaned thoroughly after use for hygiene purposes. They are only to be used for cooking.*

*Tents are essentially for sleeping but maybe required to provide life saving shelter so treat them with respect.*

*Only **you** are permitted to enter **your** tent.*

*Other people's property is to be respected and treated, as you would expect others to treat yours.*

### 4. **Drugs and Alcohol – none permitted**

*This school has a strict policy based on Education Department Regulations. Drug and alcohol use puts the whole camp or activity at risk.*

*You may be required to reveal the contents of your luggage. If drugs or alcohol, or the use there of, are detected you will be removed from the camp at your parents or guardians expense. Those in the company of users will also be expelled from camp.*

*Further penalties could include:*

- ❖ *Exclusion from further school camps and excursions*
- ❖ *Exclusion from this subject*
- ❖ *Suspension or exclusion from school*

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**Return slip to: Mr Ryan Tripney    Return by Wednesday 30 August 2017**

We have read the above statements and agree to:

1. Cooperate with teachers, instructors and other group members.
2. Follow 'Minimum Impact' principles.
3. Respect and look after school and others equipment and property.
4. Not bring drugs and alcohol on school camps and activities

Student Name (please print): ..... Date: .....

.....  
Parent/Guardian Signature

.....  
Student Signature