

31 January 2018



**NORWOOD
MORIALTA**
HIGH SCHOOL

Dear Parents/Caregivers

RE: Year 8 Induction Day

As part of Year 8 induction at Norwood Morialta High School, all Year 8 students will be participating in an Induction Day on **Tuesday 6 February**, at the University of South Australia, Magill Campus, Bunday St, Magill.

During Induction Day, students will be participating in a range of team-building activities in the swimming pool, gymnasium, and the oval at the Magill Campus. The day provides the opportunity for students and teachers to build positive relationships, and establish group identity.

Students are required to arrive at school by 8:30am, in their sport uniform. From 8:30am until 8:45am, students will be in their PLG room with their PLG teacher. At 8:45am all Year 8 students will walk to Uni SA, accompanied by their PLG teacher, Dunstan Learning Community Leader and support staff. Students will then participate in activities during the day, and walk back to school at 2:45pm for school dismissal at 3:10pm.

It is important for students to bring a drink, hat, sunscreen, bathers, towel and non-slip footwear for around the pool. Students will need to bring their own lunch from home as they will not have access to the cafeteria on site.

There is no cost for the students, however the *Consent Form for Excursion and Swimming and Aquatic Consent Form* must be returned to the Year 8, Lesson 1 subject teachers on Friday 2 February. If you require a hard copy of the forms, your child can collect these from their PLG teacher on Thursday.

The Year 8 Dunstan Learning Community team are looking forward to the educational and enjoyable experience with all Year 8 students.

Yours sincerely

Jane Pears
Learning Community Leader
Dunstan

Karen Andrews
Deputy Principal
Middle Campus

Jacqui van Ruiten
Principal

Attach.

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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 Induction Day
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at/on:

LOCATION	University of South Australia, Magill Campus	DATE OF ACTIVITY	6/2/2018
MODE OF TRANSPORT	Walking	DEPARTURE TIME	8:45 am
		EST RETURN	3:10 pm

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	NA		
NAME OF DRIVER	NA		
MAKE OF CAR	NA	REGISTRATION #	
NAMES OF ALL STUDENTS BEING TRANSPORTED IN THIS CAR	NA		
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 Nil am / pm (date)

TRANSPORT		ENTRANCE FEE	
FOOD			
TOTAL COST	NIL		

ANY FURTHER EXPENSES THAT MAY REQUIRE THE STUDENT TO BRING MONEY ON THE EXCURSION.	NIL
ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED. NB: Students are required to wear school uniform.	See attached information letter.

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?			

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.....PLG

Name of School: **Norwood Morialta HS** 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 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.

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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.....

Standard Health Care Support for the most common health conditions:

- Asthma Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form.
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.
- Seizures No swimming without care plan from doctor/seizure specialist.
Any student with a diagnosed history of seizures will have an adult Acting as one to one safety watch. 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
- Diabetes No swimming without care plan from doctor/diabetes specialist.
First aid as per individual diabetes care plan.
- Severe Allergy As per allergy specialist care plan
- Drainage Tubes in Ears Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.
- Incontinence As per care plan
- Choking As per care plan
- Infection - All open wounds must be covered, for the child's own protection, with a control 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 24hours 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 hour 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 Consent Form

Please tick appropriate boxes.

- I **do consent** to my child attending the Pool Day on **Tuesday 6 February**.
- I **do not consent** to my child attending the Pool Day on **Tuesday 6 February**.
- I am aware that he/she will walk back from the Magill campus to school with the PLG teacher.

Parent/Caregiver signature: _____ Date: _____

Please return this form to your child's year 8, Lesson 1 subject teacher on Friday 2 February.