

31 January 2018



**NORWOOD
MORIALTA**
HIGH SCHOOL

Dear Parent / Caregiver

RE: Year 10 Outdoor Education – Paddling Practical 1

As a part of the year 10 Outdoor and Environmental Education course your son/daughter's class will take part in a paddling practical at the Port Noarlunga Aquatic Centre and 2 days at the West Lakes Aquatic Centre. These will take place during Week 3 of Term 1 and Week 1 of Term 2:

Thursday 15 February - Port **Noarlunga**

Monday 30 April - **West Lakes**

Tuesday 1 May - **West Lakes**

This is the first compulsory practical component of the course. It provides an excellent opportunity to develop students' paddling skills and is directly related to the assessment component of the course.

The students will travel by school bus. We will depart the middle campus at 7:30am and return at approximately 5:00pm.

Students will be required to bring a packed recess and lunch, along with a suitable quantity of drinking water (minimum of 2 litres) as students will not be allowed to leave the aquatic centre during the day.

Students are expected to bring weather appropriate clothing (please see attached equipment list).

Please return the attached consent form no later than Thursday 8 February. If there are any concerns, please contact me at the school on 8365 0455.

Yours sincerely

Craig Fraser
Outdoor & Physical Education Teacher

Jacqui van Ruiten
Principal

Attach.

MIDDLE CAMPUS

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

SENIOR CAMPUS

505 The Parade
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**ENRICHING
HUMANITY**



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

I:

YOUR NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY: Canoeing - Basic Skills Development and Extended Paddle Days
ACTIVITY DESCRIPTION: The year 10 (A) 15.02.18, 30.04.18 & Tuesday 01.05.18, where they will travel by bus to the Port Noarlunga and West Lakes Aquatic Centres.

at/on:

LOCATION: Port Noarlunga and West Lakes Aquatic Centres.

Date grid: 1 5 0 2 1 8 : 3 0 0 4 1 8 : 0 1 0 5 1 8

Has a Health Care Plan already been provided to the school?

Yes No

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 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 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.

I give permission for my son/daughter to be photographed and use of images for promotional purposes

Parent/Guardian signature _____

THE NORWOOD MORIALTA HIGH SCHOOL



MEDICAL INFORMATION

Student's Name:

PLG:

Address:

NO CHANGE TO PREVIOUS OE HEALTH FORMS

(DO NOT COMPLETE IF NO CHANGE)



CONFIDENTIAL

- | (Please circle) | | | <i>(Details)</i> |
|---|-----|----|------------------|
| 1. Heart Problems | Yes | No | |
| 2. Respiratory Problems
(Asthma, etc) | Yes | No | |
| 3. Allergies | Yes | No | |
| 4. Travel Sickness | Yes | No | |
| 5. Blood Pressure | Yes | No | |
| 6. Phobia | Yes | No | |
| 7. Operation | Yes | No | |
| 9. Medications Required/Details:..... | | | |
| 10. Drug Reactions, eg Penicillin:..... | | | |
| 11. Other information which may limit child's involvement:
..... | | | |

Has the student received a course of Tetanus Immunisations? Yes No

Date of last booster injection / /

Are you covered by an Ambulance Subscription? Yes No

If YES, name of Fund:

In EMERGENCY CONTACT:

Name:

Address:

Parent's Medicare No. Phone.....

Mobile No:

Other EMERGENCY CONTACT:

Name:Phone (work):

Relationship: Phone (home):

Mobile Phone:

Name of Doctor and Address:

.....Phone:

OTHER INFORMATION:

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