

31 January 2018



**NORWOOD
MORIALTA**
HIGH SCHOOL

Dear Parent / Caregiver

RE: Year 9 Port Noarlunga Aquatics Day

As a part of the year 9 Outdoor and Environmental Education course your son/daughter's class will take part in an aquatics practical at the Port Noarlunga Aquatic Centre. This will take place during Week 4 of Term 1:

Thursday 23 February 7.30am – 5.00pm at Port Noarlunga

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.

During the day 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.

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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: Year 9 OE (A) Port Noarlunga Aquatics Day
ACTIVITY DESCRIPTION: Students will depart the NMHS middle campus at 7:40am travelling by bus to the Port Noarlunga Aquatics Centre where they will complete various aquatic activities such as snorkelling, wave skiing, body-boarding and surfing. Activities will depend on availability and weather/surf conditions. The students will return to NMHS middle campus at approximately 4:45pm where they will be dismissed, to make their own way home.

at/on:

LOCATION: Port Noarlunga Aquatics Centre, 10 Janes Avenue, Port Noarlunga

FROM: [] [] [] TO: [] [] [] ON 2 3 0 2 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 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.

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) | | | (Details) |
|---|-----|----|-----------|
| 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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