

18 May 2018

Dear Parents / Caregivers

RE: Excursion to Lochiel Park for the Year 7/8 STEM Collaborative Inquiry Project

Norwood Morialta High School is leading an innovative STEM program and continuously looking for opportunities to further support and develop students' potential in the field of STEM.

NMHS is collaborating with Vale Park Primary School in delivery of Phase 3 of the program to align primary and secondary pedagogy and continuity of learning. The current STEM learning project being trialled is designed to create STEM learning relationships with Campbelltown Council and have students develop solutions to an authentic real-world problem localised to Eastern SA waterways.

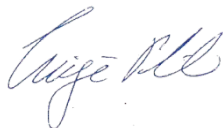
Arrangements:

- **Date:** Wednesday, 30 May 2018. Students are to meet at the **Middle Campus carpark (near the canteen) at 8:00am and will return back to school at 1:30pm.**
- **Travel:** Class will travel by public bus from school to Lochiel Park, Drage Reserve, Felixstow and return back to school.
- **Students will require a Metro card or bus money.**
- Students are required to bring a packed recess along with a drink, as there may not be an opportunity to purchase food/drinks.
- Students are expected to wear the **correct school uniform** and behave in a way that reflects our school values.
- Students will be supervised by two supervising teachers at all times.

As part of the management process it is essential that we have current consent information and require the attached consent form to be completed and returned to me by Friday 25 May 2018.

If you have any concerns or wish to discuss any aspect of the event in greater detail, please feel free to contact me via email at Luigi.Pilla203@schools.sa.edu.au or Chris Felstead via email at Chris.Felstead296@schools.sa.edu.au.

Yours sincerely



Luigi Pilla
Science Teacher



Jacqui van Ruiten
Principal

Attach.



**NORWOOD
MORIALTA**
HIGH SCHOOL

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**ENRICHING
HUMANITY**



Government of South Australia
Department for Education and
Child Development



CIS WE ARE AN
ACCREDITED
SCHOOL

**CONSENT FORM FOR CAMP/EXCURSION****(To be completed in conjunction with medical information and activity information sheets)**

Please use block letters when filling out this form

As a parent/guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Lochiel Park Visit
REASON FOR AND DESCRIPTION OF ACTIVITY	<p>09:00-10:15am Drage Reserve and Fogolar Furlan Reserve - commence scavenger hunt; collect water samples</p> <p>10:15-10:45am Students walk to Lochiel Park and have a break</p> <p>10:45-12:30pm Students are given a tour and complete activities at Lochiel Park. This includes:</p> <ul style="list-style-type: none">• Visiting the wetlands, observing aquatic fauna, solar power in action, the community garden, learning about the recycled water system, and bio-retention system.• Collecting water samples <p>12:30pm Students are picked up from Lochiel Park and transported back to school.</p> <p>1:00pm Students debrief at individual school sites</p>

at/on:

LOCATION	Drage Reserve, Riverside Drive, Felixstow and Lochiel Park, 1018 Lochiel Pkwy, Campbelltown SA 5074
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FROM:

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 TO:

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 OR ON:

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The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool? Yes ☐ No ☐*If No, please provide an updated Health Care Plan to the school/preschool on completion of this form. ↴*Details of **planned activities, transport arrangements**, anticipated **number of students/children** 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 additional or updated 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 provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. 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 health care problems.