

Year 12 Retreat

Week 9, Term 1 (28th - 29th March, 2018)

19th February, 2018

To Parents/Families and Caregivers,

Building an inclusive school community is a key goal at Wirreanda Secondary School. To help students develop pride in, and improve relationships within, the community, we have organised a **Year 12 Retreat**. This will allow the graduating class of 2018 to share experiences and create enduring memories.

This is a student-led initiative and will be the first Year 12 Retreat Wirreanda Secondary School has offered for the whole cohort. The retreat program includes activities designed to develop communication, cooperation, encouragement, initiative, enthusiasm, problem-solving, critical thinking and teamwork. Further information about Nunyara Conference Centre and our retreat can be found at: <https://goo.gl/92G7yJ>

Excursion Details:

Date:	28 th - 29 th of March, 2018
Location:	Nunyara Conference Centre, Belair.
Cost:	\$95, which which includes transport, main meals, accommodation and activities.
Time and location of departure to Nunyara:	Wednesday 28 th March - 10:30am, Richards Drive Bus Stop.
Transport description:	Willunga Charter Bus.
Time and location of arrival back to WSS:	Thursday 29 th March 3:30 pm. Richards Drive Bus Stop.
Uniform:	School uniform is not required.
Extra Info:	Please bring a packed lunch for the first day. Please see reverse of this page for additional items to bring.
Teachers in charge	Shane Cunningham, Sol Naidu and Zoe Finch.

Please complete the attached excursion consent and medical forms and return with payment to the Finance Office no later than Tuesday, 13th of March (Week 7). Any queries can be made by contacting the school on 8329 7200.

Yours sincerely,



Sol Naidu
Year 11/12 Leader



Zoe Finch
Year 11/12 Leader



Shane Cunningham
Senior Leader



Rhoni McFarlane
Deputy Principal

Additional Information

List of items to bring:

Clothing	For Activities
<ul style="list-style-type: none"> <input type="checkbox"/> 2 changes of dry clothes <input type="checkbox"/> Warm clothes for evening <input type="checkbox"/> 1x Sleepwear <input type="checkbox"/> 3x Underwear <input type="checkbox"/> 2x pairs of enclosed shoes <input type="checkbox"/> Ugg boots and/or Thongs 	<ul style="list-style-type: none"> <input type="checkbox"/> Hat <input type="checkbox"/> Sunblock <input type="checkbox"/> Towel <input type="checkbox"/> 2x Closed in footwear (one pair will get wet) <p style="text-align: center;"><u>(no Thongs or Ugg boots will be permitted when participating in activities)</u></p>
Snacks	Other
<ul style="list-style-type: none"> <input type="checkbox"/> If preferred you can bring along snacks however food will be provided. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sleeping bag <input type="checkbox"/> Toiletries (deodorant, toothbrush etc) <input type="checkbox"/> Pillow <input type="checkbox"/> Insect repellent <input type="checkbox"/> Torch <input type="checkbox"/> Medication if necessary

Items NOT permitted

As this is a school excursion, regular school rules will apply in terms of behaviour expectations and possessions which are acceptable on camp.





CONSENT FORM FOR CAMP/EXCURSION

(To be completed in conjunction with medical information and activity information sheets)

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	Year 12 Retreat
REASON FOR AND DESCRIPTION OF ACTIVITY	Building an inclusive school community is a key goal at Wirreanda Secondary School. To help students develop pride in, and improve relationships within, the community.

at/on:

Location:	Nunyara Conference Centre, Belair.						
From:	28	03	18	To:	29	03	18

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 impractical 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	
Best Daytime Phone Number		Best Nighttime Phone Number	

*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.



Payment & Medical Information

Student Name:

HG:

Student Medic Alert Number (if applicable):

PAYMENT DETAILS

Deposit amount:	\$40	Deposit Due:	5 / 3 / 18	Total Amount:	\$95	Total Due:	13 / 3 / 18
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MEDICAL INFORMATION

Information contained in this section is necessary to ensure that the student's medical conditions are properly managed, however, no student with special needs will be excluded unless on medical advice.

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?	CIRCLE ANSWER	FURTHER INFORMATION OR SPECIAL INSTRUCTIONS IF MEDICATION REQUIRED, SEND WITH STUDENT
CONVULSION / SEIZURES	YES / NO	
ASTHMA OR OTHER CHEST PROBLEMS	YES / NO	
ALLERGIES (EG Bee Sting)	YES / NO	
DIABETES	YES / NO	
VISION/HEARING PROBLEMS	YES / NO	
EAR DISORDER (EG Drainage tubes)	YES / NO	
DERMATITIS	YES / NO	
OTHER RELEVANT CONDITIONS (eg ADHD)	YES / NO	
MEDICATION (eg any current medication)	YES / NO	

Please return this consent form and payment directly to the Finance Office.

