



LEARNING FOR LIFE

Respect Responsibility Honesty Achievement

## Year 11 and 12 Flinders University Open Day

Friday Week 4, Term 3 (16th August, 2019)

24 July 2019

To Parents/Families and Caregivers,

To support Year 11 and 12's in making choices about their post-school pathway, 50 students are invited to attend the Flinders University Open Day. This will provide students with an opportunity to familiarise themselves with the university, listen to course presentations and talk with current students to learn about life as a university student.

### Excursion Details:

<b>Date:</b>	16 <sup>th</sup> of August, 2019
<b>Location:</b>	Flinders University, Bedford Park.
<b>Cost:</b>	No cost to students
<b>Time and location of departure:</b>	Friday 16 <sup>th</sup> August - 9:00 am, Richards Drive Bus Stop.
<b>Transport description:</b>	Willunga Charter Bus.
<b>Time and location of arrival back to WSS:</b>	Friday 16 <sup>th</sup> August - 2:30 pm. Richards Drive Bus Stop. <b>Note: Students will need to return to class at this time, or have a note from their parent / caregiver to sign out as Family.</b>
<b>Uniform:</b>	Full school uniform, including enclosed shoes, is required. Students who are out of uniform on the day will not be allowed to attend this excursion.
<b>Extra Info:</b>	Students may choose to bring or buy their food on the day.
<b>Teachers in charge</b>	Zoe Finch and teachers from the Yr 11 and 12 teaching staff.

\*Students not taking part in the excursion are expected to attend normal classes.

Additionally, students are able to attend the University Open Days independently. All South Australian Universities have open days that weekend, please check their respective websites for times and locations.

Please complete the attached excursion consent and medical forms and return to the Finance Office before Friday 10th of August. Any queries can be made by contacting the school on 8329 7200.

Yours sincerely,

**Zoe Finch**

Year 10/11/12 Leader

**Ingrid Lees**

Senior Leader, Senior School



**Government of South Australia**

Department for Education



# 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	<b>Year 11 and 12 Flinders University Open Day Visit</b>
REASON FOR AND DESCRIPTION OF ACTIVITY	To provide students with the opportunity to familiarise themselves with their local university, listen to presentations on specific subject areas and talk with current students to obtain a perspective on life at University.

at/on:

Location:	Flinders University, Bedford Park.										
FROM:	09:00	am		TO:	2:30	pm		ON:	16	8	19

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 Contact

Emergency Contact Name:		Relationship to Student	
Daytime Phone Number:		Mobile:	
Student Mobile 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:	Nil	Deposit Due:	NA	Total Amount:	NA	Total Due:	NA
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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	
DIETARY REQUIREMENTS	YES / NO	

**Please return this consent form to the Finance Office before Friday 9th of August, 2019.**