

12 February, 2020

Stage 1 Integrated Learning: Research - Site Visit

To Parents and Caregivers,

During Term 1, Year 11 students complete the Integrated Learning: Research course, which exposes them to the fundamental skills required for both the Research Project and a number of other Stage 1 and 2 subjects. As such, all Year 11 students will be participating in a Site Visit to Brighton and Seacliff beaches to engage in primary research processes including collecting observational data and interviewing beachgoers. **Attendance and participation is compulsory, as the excursion forms the basis of the assessment tasks required for course completion.**

Excursion Details:

Date:	25 February, 2020
Location/s:	Brighton Beach to Seacliff Beach
Cost:	Nil
Time and location of departure to excursion:	The coach will depart from Wirreanda Secondary School at 11:30am.
Transport description:	Private coach from the school to Brighton Beach. Students will walk from Brighton to Seacliff Beach. Private coach from Seacliff Beach to the school.
Time and location of departure from excursion:	The coach will depart Seacliff Beach at approximately 2:20pm.
Arrival time & location of dismissal:	Students will return to school at approximately 2:45pm and will attend their regularly timetabled lesson 6. They will then be dismissed at 3:30pm.
Uniform:	Students must be in full Wirreanda uniform.
Lunch Arrangements:	Students must bring recess, a packed lunch and water as they will not be able to purchase food on the excursion.
Extra Info:	Students must bring a hat, sunscreen and water. They will not need their laptops.
Teacher/s in charge	Natalie Maddern

Please complete the *attached* consent and medical form and return it no later than **Tuesday 18 February, 2020** to the Finance Office. Any queries can be made by contacting the school on 8329 7200.

Yours sincerely


Natalie Maddern
Senior School Senior Leader


Shane Cunningham
Deputy Principal

Payment & Medical Information

Student Name:

HG:

Integrated Learning: Research - Site Visit

Parent signature

PAYMENT DETAILS

Deposit amount:	NIL	Deposit Due:	NIL	Total Amount:	NIL	Total Due:	NIL
-----------------	-----	--------------	-----	---------------	-----	------------	-----

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	

EMERGENCY CONTACTS:

Name: _____ Relationship to student: _____

Phone: _____



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

I:

PARENT/GUARDIAN NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY: Integrated Learning: Research - Site Visit
REASON FOR AND DESCRIPTION OF ACTIVITY: Students will engage in primary research by conducting a site visit and gathering primary data.

at/on:

LOCATION: Brighton Beach and Seacliff Beach
FROM: TO: OR ON: 25 2 2020

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 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.
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.