

**MOUNT ANNAN HIGH SCHOOL**  
 248 WELLING DRIVE MOUNT ANNAN 2567

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Dear Parent or Caregiver

Your child's invited to participate in the NRL Move It Program. The details below are as follows:

**NRL Move It Program – Year 7 - 12**

This is a 4 week program for some of our students in years 7 – 10 and Aboriginal students in years 11 – 12.

*The NRL Move It Program delivers non-contact footy skills sessions to students at our school. The sessions are intended to promote youths to 'Find Your 30' (30 minutes of physical activity a day) and get involved in sport.*

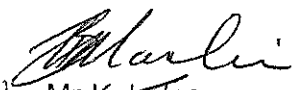
*As well as boosting health and fitness, participating in sport provides a wide range of mental health benefits, from reducing stress, anxiety and anger issues to increasing self-esteem and a positive mindset. They want to empower the students of our school to develop the life skills of teamwork, leadership and good sportsmanship through non-contact footy that everyone can play.*


**The objective is to improve Australians overall health and wellbeing, particularly those less active by:**

- Getting inactive people moving in their local community
- Building awareness and understanding of the importance of physical activity across all stages of life
- Improving the system of sport and physical activity by targeting populations at risk of inactivity, across all life stages, and
- Delivering ongoing impact through the development of sector capability.

<b>Program Sessions:</b>
<b>Period 1 Wednesday – Week 8, 9, 10 and 11</b>
Cost of participation in program
\$ 0

Staff member with emergency care training	Miss R. Eagles, Mr M. Van Der Meulen
Staff member with Cardio Pulmonary Resuscitation training	Miss R. Eagles, Mr M. Van Der Meulen

  
 Mr K. Bates  
 Principal  
 9<sup>th</sup> March 2020

  
 Miss R. Eagles  
 Excursion Coordinator

## Excursion Consent Form Section A

Please complete relevant details on this form and return to the school by.....

### Privacy Advice

The personal information provided on this consent form will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this excursion. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so may impede the resolution of welfare issues if you are not able to be contacted. This information will be stored securely. You may access or correct any of the details at any time by contacting the school.

### Please tick the appropriate boxes below:

- I give permission for my child to participate
- I give permission for my child to receive medical treatment in case of emergency.
- I do not give permission for my child to receive medical treatment in case of emergency.

### Excursion Details

Child's name	Insert date/s of excursion <b>18.03.20, 25.03.20, 01.04.20, 08.04.20</b>	Insert place of excursion <b>MAHS</b>
Excursion Coordinator: <b>R. Eagles</b>		Year:
<input type="checkbox"/> My child has special medical requirements for this excursion and I have completed the <i>Medical information</i> <i>Condition:..... Medication:.....</i>	<input type="checkbox"/> My child does not have any special medical requirements for this excursion	
<input type="checkbox"/> My child has permission to be photographed for school promotion and archival reasons Parent Signature:.....	<input type="checkbox"/> My child <b>does not</b> permission to be photographed for school promotion and archival reasons. Parent Signature:.....	

### Excursion Code of Conduct

Signing this code of conduct shows that you accept and honour the principles of attending an excursion. I recognize:

- The educational importance of the excursion
- I have responsibilities to my teacher, school and Venue organizers

#### During my excursion I will:

- Maintain a positive and enthusiastic attitude
- Observe rules, regulations and instructions
- Use mobile phone as per School Policy
- Encourage others to do the right thing
- Be courteous and respectful
- Behave in a way that reflects pride in ourselves and our school
- Behave properly and safely whilst traveling to and from the excursion
- Keep as a group and stay in sight of the teacher

#### I am prepared to:

- Complete all necessary work during the excursion as well as pre-excursion and post-excursion activities

Student's signature: ..... Date: ...../...../.....

Please note there will be no refunds if students are unable to attend the excursion.

Signature of parent or caregiver.....

**Medical information form**

Please complete and return to school by .....

Date for return of form

**Privacy Advice**

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requires and other health care related needs about your child who may participate in excursions, sporting activities or other education or school activities conducted by or in conjunction with your school.

The information will be used by officers of the NSW Department of Education and Training to assist planning to support students, and minimize risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with information include, but are not limited to, volunteers and members of external organizations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available an alternative education experience.

Provision of the information will significantly assist the school in planning a safer educational activity. This information will be store securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information at any time by contact the school office.

Student name..... Class.....

Medicare Number – optional.....

**Parent or caregiver contact details**

Name: .....

Address: .....

Home phone:.....Work phone:.....Mobile phone:.....

**Doctor contact details**

Name: .....

Address: .....

Doctor's telephone:.....

**Emergency alternative contact/s details**

1. Name:..... Phone:.....

**Medical Condition:**

Medical Condition:.....

Medication:.....