

St Dominic's Catholic College

Founded by the Dominican Sisters

Principal: Anna Swann

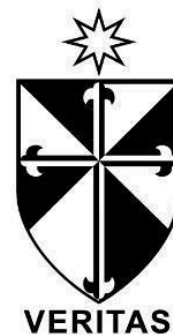
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YEAR 10 BEACH EDUCATION INFORMATION LETTER

WHAT:	Water is a dominant feature of New Zealand's landscape and many New Zealanders spend much of their recreational time in, on, or by the water. <i>New Zealand has one of the highest rates of drowning in the developed world with it being the 3rd highest cause of accidental death (Water Safety NZ).</i> Many of NZ's beaches are dangerous surf beaches and NZ kids need to develop their knowledge and understanding of the hazards associated with these environments. Beach Education and survival are therefore an important part of the Physical Education Curriculum.	
WHEN:	Tues 19th and Wed 20th Nov 2024 40 students per day - students will be allocated a day closer to the time.	MEET: at the Chapel by 8.10am DEPART: by 8.45am RETURN: by 3.00pm
WHERE:	Piha	TRANSPORT DETAILS: Bus
COST:	\$ 36. Payment and Permission slips to be returned by Fri 15th Nov. Please take permission slips to front office.	
ACTIVITIES:	<p style="text-align: center;">Beach Education Programme (through Surf Life Saving NZ)</p> <p><i>"Beach Ed provides students with a real surf lifesaving experience. They will encounter beach and surf conditions first-hand. That means they will be participating in water activities in the surf environment under strict supervision."</i> SLSNZ</p> <p>Students will be going on a coastal walk, and having time in the water. They will be taught about rips, tides and how to keep themselves safe on our West Coast beaches.</p>	
SAFETY	<ul style="list-style-type: none"> For <i>safety</i> reasons there is a 1 adult to 10 student's ratio requirement on the beach. However when the students are in the water there will be more lifeguards closely alongside the students to keep them safe. There will also be lifeguards on jet skis and in the IRBs. The surf club runs all activities and also provides a number of lifeguards for the water session in the afternoon. <i>Students who are not confident do NOT have to enter the water. They will continue with beach activities on the sand.</i> 	
NEED TO BRING:	<ul style="list-style-type: none"> <input type="checkbox"/> A packed lunch, drink (water bottle) and snacks (NO opportunity to purchase food) <input type="checkbox"/> Need to wear active clothes (no denim) <input type="checkbox"/> tops with sleeves eg. T-shirts NOT singlets <input type="checkbox"/> sports shoes/sneakers MUST be worn for walking around on uneven surfaces during the coastal walk <input type="checkbox"/> Be prepared for all weather types - wet weather jacket etc. Warm coat / jumper. 	<ul style="list-style-type: none"> <input type="checkbox"/> personal medication – inhaler, epipen etc <input type="checkbox"/> Swimming Togs – full swimsuit or tankini (bikini ONLY if also wearing a RASH SHIRT). <input type="checkbox"/> Towel and plastic bag (for wet items) <input type="checkbox"/> Sunscreen and sunhat <input type="checkbox"/> Wetsuit and fins (only if you want to) - Surf New Zealand do have wetsuits that the students can borrow if needed. <input type="checkbox"/> warm clothes to put on after water activities (Don't forget dry underwear).

If you have any queries or concerns, please do not hesitate to contact me at school.

Yours sincerely,

Laura Friend
Deputy Principal
lfriend@stdoms.ac.nz

VERITAS

STUDENT PERMISSION & MEDICAL INFORMATION

Please read carefully, complete & return the form and payment to the office by Monday 30th Oct 2023 at the latest.

Student Name: _____

Form Teacher's Name: _____

Circle one: AC SE ZA HR KW

SWIMMING ABILITY:

- Please tick the appropriate answer below:
 - My daughter will not be entering the water
 - Strong Swimmer (can swim 200m easily)
 - Average swimmer (can swim 50m/2 pool lengths)
 - Weak swimmer (can doggy paddle or float only)
 - Can't swim

Parental Consent:

- I will inform the school as soon as possible of any changes in my daughter's medical condition or other circumstances between now and the commencement of the excursion.
- I understand that if my daughter pulls out of the activity within the three weeks leading up to the event that the fee may not be refunded.
- I agree to my daughter receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusions, as considered necessary by the medical authorities present.
ONLY IF I CANNOT BE CONTACTED AND IT IS DEEMED LIFE- THREATENING
 - NO – I must be contacted first YES (with understanding that staff will attempt to contact me)
- I understand that there are certain risks associated with any outdoor activity that cannot be reduced to zero. I also understand that the College and Lifeguards will take all reasonable precautions to ensure the safety of participants.
- MEDICATIONS: I give St Dominic's Catholic College staff permission to give my daughter over the counter medication such as Panadol and Antihistamine if it is deemed necessary.

By signing I am indicating that I have read and understand the conditions of this excursion and give permission for my daughter to attend:

Signed: _____ Name (please print clearly): _____

Date: _____

Please complete:

Cost Centre Code: #480 Activity/Excursion: Year 10 Beach Ed Cost: \$ 36

REMITTANCE: Payment by ON-LINE BANKING is preferred. Must have STUDENT NAME, FAMILY CODE &

COST CENTRE added for our reference: Bank A/C: 02-0152-0469414-00

Student's Name: _____ **Whanau/Form Class:** _____

Date: ___/___/___

(Please tick payment option below)

- USE EXISTING CREDIT IN ACCOUNT**
- ONLINE** Date Payment Made: ___/___/___
- EFTPOS**
- CASH** Amount Paid \$ _____ No change given (credit to school fees a/c)

\$ _____

ST DOMINIC'S CATHOLIC COLLEGE - DAY TRIP MEDICAL FORM

This form must be completed carefully in order for the College to provide safe and enjoyable experiences for all participants in an EOTC excursion

STUDENTS'S CONTACT DETAILS				
Name			D.O.B	
Address				
Home phone			Form teacher	
EMERGENCY CONTACT DETAILS				
Name		Cell phone		
Home phone		Work phone		
Relationship to participant?	Mum / Dad / other: _____			
STUDENT'S MEDICAL INFORMATION				
<i>It is ESSENTIAL that you give us accurate and detailed information.</i>				
MEDICAL ISSUES Please provide details of any particular medical issues. Include severity, triggers and treatment where appropriate <i>eg. Asthma, Diabetes, Seizures, Heart condition etc</i>				
ASTHMA	How bad is it?	What causes it? What signs do we watch for?	Treatment? What do we do?	
	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (hospital required)			
Other:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (hospital required)			
Medication: Please provide details of any current or recently finished courses of medication				
Other: Please provide details of any other things that the teacher in charge needs to know. Eg. recent or past injuries that may influence your involvement, Medical condition eg. hearing loss...				
ALLERGIES				
Please provide details of any allergies <i>eg. Insects, food, medication etc</i>			Do you carry an EpiPen?	Yes No
Allergy	Severity (how bad is it?)	Causes	Symptoms (what to watch for?)	Treatment
	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe-hospitalisation required			
	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe-hospitalisation required			
Additional allergy details				

