



Te Kura Maori o Nga Tapuwae

DIVE KAUPAPA – DROWN PREVENTION AUCKLAND

Friday 11th February 2022

Tēnā koutou e ngā Mātua,

We have been invited to participate in a dive kaupapa facilitated by Drown Prevention Auckland. We have taken up the opportunity for any students interested in participating and learning fundamental skills in free diving. The course is a series of four days of basic training and completing the course at the location of Army Bay in Whangaparaoa.

Day 1 - Theory course is scheduled at school for all of those students interested on Tuesday 22nd February from 2pm-3pm.

Day 2 & 3 – Pool sessions at Mangere Pools, Town centre from 12pm-2pm.
Dates to be advised.

Day 4 – Army Bay, Whangaparaoa for free dive.

Dates are all tentative. Once we get confirmation of numbers further information will be released.

All equipment and training is supplied by the diving company so the only cost for this event will be transport of \$15 per student. Drown Prevention Auckland require me to sight and verify every participants 'Vaccine Passport' prior to participation so this will also need to be brought in to school.

Please endeavour to have this permission slip and the Health Consent Form returned to the Kura no later than Wednesday 16th February 2022. If you require further information, please contact me on 551 – 6161.

Noho ora mai,

Olivia Chapman
Associate Principal

DIVE KAUPAPA – DROWN PREVENTION AUCKLAND

I do give permission for _____ to attend and participate in the Dive prevention kaupapa. I will ensure my child is well equipped with the correct gear and ensure the permission slip is returned no later than Wednesday 16th of February.

In case of an emergency my contact number is: _____.

Signed: _____ Date: _____
(Parent/Guardian/Caregiver)

Office use only:

This students 'My Vaccine Passport' has been sighted and verified: YES NO

Staff name: _____ Staff Signature: _____ Date: _____.



HEALTH AND CONSENT FORM

Before taking a student on a trip outside the school we request the following information.

HEALTH FORM

Circle correct answer

1. Does your child have to take any medication? YES NO
If yes, please specify: _____

If your child needs assistance in administering his/her medication please note the instructions below:

2. Does your child suffer from an allergy or disability? YES NO
If yes, please specify: _____

Would the student be limited, in any way, in taking part in physical activities? YES NO
If yes, please specify: _____

3. Has the student had an anti-tetanus injection in the last five years? YES NO
4. Is the student allergic to penicillin? YES NO
5. Is the student a competent swimmer? S/he can swim 25 / 50 metres YES NO
(Circle one)

Please supply an address and contact number where you can be contacted during the trip.

Name: _____
Home address: _____
Ph: _____ Wk: _____ Mobile: _____
Alternative emergency contact person: _____
Home address: _____
Ph: _____ Wk: _____ Mobile: _____

- I agree that the student in my care will abide by the school rules while on the trip.
- I agree that the student in my care will follow instructions given to them by the staff in charge.
- I give staff the authority to arrange and administer if necessary, any medical treatment for the student in my care.
- I give staff in charge the authority to arrange any travel home, for the student in my care, at my expense should it be required for reasons of ill health or discipline.

The above information is true and accurate, and I agree to the conditions of the trip that my child

_____ ***will be attending on*** _____
(child's name) (date of trip)

Signed: _____ Date: _____