



## Te Kura Maori o Nga Tapuwae

### KI O RAHI NATIONALS, WAITANGI 2021

Wednesday 14<sup>th</sup> April 2021

Tēnā koutou e ngā Mātua,

Your child has been selected to represent Te Kura Māori o Ngā Tapuwāe at the 2021 Ki o Rahi Nationals to be held in Waitangi from the 21<sup>st</sup> – 24<sup>th</sup> April 2021.

The tournament will be held at Te Tii Marae, Te Kemara Road, Waitangi. Our accommodation will be at the Aloha Seaview Resort, Paihia. We will depart school on the 21<sup>st</sup> April at 8am. We will return on Saturday 24<sup>th</sup> April at approximately 2pm. However, we will have the students make contact with you on our journey home.

The cost for the tournament is \$180.00 and will help to pay for fees and food. As per our arrangement with the swearing in, all other costs are covered thank you. All money must be paid before we leave. Students will require a school tracksuit for the tournament so they must ensure they have one before we head away.

Students must ensure they pack their tracksuit, clothes, boots, towels and toiletries for the stay. Playing uniform will be provided as well as training gear that your child can keep.

Please endeavour to have this permission slip returned to the Kura no later than Thursday 15<sup>th</sup> April. If you require further information or support, please contact me on 551 – 6161, for emergencies contact me on 02102486296.

Noho ora mai,

Olivia Chapman  
HOD Physical Education

### KI O RAHI NATIONALS, WAITANGI 2021

I do give permission for \_\_\_\_\_ to attend Ki o Rahi Nationals in Waitangi from Wednesday 21<sup>st</sup> April – Saturday 24<sup>th</sup> April 2021. I agree to pay the fee of \$180.00 and ensure my child is well prepared for this campaign.

My emergency contact number is: .....

Health and Safety form is attached

Signed: \_\_\_\_\_

(Parent/Guardian/Caregiver)

Date: \_\_\_\_\_



# Te Kura Maori O Nga Tapuwāe

## 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: \_\_\_\_\_