



Te Kura Maori o Nga Tapuwae

MANA KURATAHI – TRIP TO PARAKAI SPRINGS

Tuesday 19th November 2024

Tēnā koutou e ngā Mātua,

We would like to extend our congratulations to all 43 of our kaihaka who represented our Kura at the Kura Tuatahi Tāmaki Makaurau Kapa Haka Regionals on Saturday. Their commitment and dedication to this year's Mana Kuratahi campaign has been outstanding and reflected well in their performance on Saturday, as well as in their results in advancing our Kura to the Mana Kuratahi Nationals being held in Tauranga in November 2025.

To celebrate, we will be taking our kapa to Parakai Springs next Monday 25th November. We will depart Kura at 9am and will return in time for our final Whānau Hui taking place at 7pm. Please ensure your child packs (in one bag): appropriate swimwear, a towel, a water bottle, small snacks (not lollies), sunscreen and a change of clothes including a jersey. The cost for this trip has been fully subsidised by the Kura and we would like to thank Mā Stirling and our Board of Trustees for allowing us to celebrate our kapa's achievements in this way.

Please endeavour to have this permission slip and the attached Health & Consent Form returned to Kura no later than Friday 22nd November. This pānui is also available via Skool Loop.

Ngā mihi,

Te Ohu Mana Kuratahi

MANA KURATAHI – PARAKAI SPRINGS

I give permission for _____ to attend Parakai Springs next Monday 25th November.

- I understand that my child will need to pack appropriate swimwear, a towel, a water bottle, sunscreen and a change of clothes (in one bag).
- I have filled out the Health & Consent Form and will return this no later than Friday 22nd November.
- I understand that I will collect my child from Whānau Hui which starts at 7pm on Monday 25th November.

In case of an emergency, you can contact me on: _____

Sign: _____

Date: _____

(Parent / Caregiver)



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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: _____