



**Te Kura Maori o Nga Tapuwae**

**SHAKESPEAR LODGE MANA WAHINE CAMP**

**Wednesday 13<sup>th</sup> April 2022**

Tēnā koutou e ngā Mātua,

Your child has been invited to attend our Shakespear Lodge Mana Wahine Camp and we will be providing an opportunity for all girls to participate in a variety of activities to help build self-confidence and self-esteem. We will be leaving school on Wednesday 11<sup>th</sup> May at 8.30am and arrive back to school on Friday 13<sup>th</sup> May at 1pm. You will be able to come and collect your child upon arrival at kura.

This trip has been heavily subsidized by the Kura and will cost \$30 per student. This covers food, accommodation, daily activities and travel. Students are expected to pack the correct gear needed for the camp. This includes the following:

- Sleeping bag, pillow and a fitted sheet
- Towels for 2 days
- Toiletries
- Warm changes of clothes, underwear, socks.
- Swimwear, shorts and comfortable walking shoes
- Packet of biscuits
- Torch

It is imperative that we have this permission slip and health consent form returned to school by Tuesday 3<sup>rd</sup> May 2022 and the payment made by the Friday before departure. If you require further information, please contact me via email [OChapman@ngatapuwaeschool.nz](mailto:OChapman@ngatapuwaeschool.nz)

Noho ora mai,

Olivia Chapman  
**ASSOCIATE PRINCIPAL**

**SHAKESPEAR LODGE MANA WAHINE CAMP**

I do give permission for \_\_\_\_\_ to attend and participate in the Shakespear Lodge Mana Wahine Camp. I will ensure my daughter is well equipped with the correct gear. I will also ensure the permission is returned no later than Tuesday 3<sup>rd</sup> May and will make the payment of \$30.00 by Friday 6<sup>th</sup> May.

- I have attached the Health and safety form

In case of emergency, you can contact me on \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent/Guardian/Caregiver)

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: \_\_\_\_\_