



Te Kura Maori o Nga Tapuwae

YEAR 7 & 8 ACTIVITY WEEK 2023

Friday 3rd November

Tēnā koutou e ngā Mātua,

This year we have awesome team building and fun experiences planned for activity week this year. We want to encourage all our students to partake in all events with a positive attitude. All school rules apply on all trips, therefore all students are expected to uphold respectful behaviour and Te Reo Māori on all our trips.

There is a cost for this activity week that each student must pay and the cost is below:

Cost: \$45.00 paid to the tari

Days	Activity and Venue	Equipment Needed
Monday 27 th November	Movies/Gaming/Sports Day (In School)	Mufti appropriate sportswear, movie snacks
Tuesday 28 th November	Full Kura Whare Wars (In School)	Whare T-Shirt, Water bottle. Closed shoes (runners)
Wednesday 29 th November	School Pool (In School)	Mufti, appropriate swimwear, towel, change of clothes water bottle,
Thursday 30 th November	Rainbows End	Mufti, backpack, water bottle
Friday 1 st December	Cook-Off and Activities (In School)	Mufti

Please complete the permission slip the health and consent form attached and make payments to the tari. If there is any queries, please contact Tā Mason at smason@ngatapuwaee.school.nz

Noho ora mai,

Stevie Mason
Teacher in Charge

Year 7 & 8 Activity Week 2023

I do give permission for _____ to attend and participate all activities in the activity week from 27th November to 1st December. I will ensure my child is well equipped with the correct gear and ensure the health and consent forms are returned to school.

Emergency Contact Name: _____

Emergency Contact Number: _____

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



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: _____