



Te Kura Maori o Nga Tapuwae

HŌPUNI MŌ NGĀ TAMA

Friday 11th February 2022

Tēnā koutou e ngā Mātua,

This year our kaupapa with empowering young male Rangatahi through hōpuni will be undertaken with the support of Tā Maika. Each year level will be attending the hōpuni in Harataunga – Kennedy Bay at different times throughout the year.

The Year 13 boys will be departing Auckland on Friday the 18th of February at 3pm from Kura and return on Sunday around the same time. Parents will be informed about the estimated time of return via text.

All camping gear will be provided and will include items such as sleeping mats, sleeping bags, tents and utensils. Students will however need to pack warm clothes (waterproof if they have any), walking shoes/boots, towel, small toilet bag with toiletries. We also have hiking back packs available if necessary.

This trip will be fully funded by the school however we do require parents to complete the permission slip and Health Consent Form attached by Thursday 17th February. If you require further information, please contact me on 551 – 6161.

Noho ora mai,

Olivia Chapman
Kaiako Hākinakina

HŌPUNI MŌ NGĀ TAMA

I do give permission for _____ to attend and participate in the Hōpuni mō ngā Tama trip. I will ensure my child is well equipped with the correct gear and ensure the permission slip is returned no later than Thursday 17th February.

In case of an emergency. You can contact me on:

Attached is my child's health and safety consent form. (Please tick)

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: _____