



HENRY KENDALL HIGH SCHOOL

Principal – Andrew Backhouse

INCURSION INFORMATION AND CONSENT FORM Rock & Water Program - Year 7

Dear Parent/Caregiver

As part of Henry Kendall High School's focus on building student resilience and wellbeing, we will be implementing various aspects of the Rock and Water program. This program, recommended by the Department of Education and Communities, aims to develop each student's level of self-control, self-reflection and self-confidence. Much of the content is based on the basic principles of martial arts and as such this will involve some physical contact between students and, at times, between the instructor (Mr Ardley) and the students.

Students in Year 7 have been selected to be a part of this program as peer support leaders and we will be conducting a Rock & Water program at school on Thursday 26 November 2015. Students attending will be absent from normal classes for the entire day and they will need their sports uniform.

Should you have any questions or concerns regarding this program please do not hesitate to contact Mr Ardley on 4325 2110.

Please complete details below and return by Friday 20 November 2015.

Yours faithfully

Andrew Backhouse
Principal

David Ardley
Rock and Water Instructor

13 November 2015

Please return this note to Student Services by Friday 20 November 2015

I hereby consent to _____ (student's name) in Year7 participating in the Rock and Water program on Thursday 26 November 2015. I understand that there will be physical contact between students, and between students and the instructor, as required by the program and under suitable supervision.

I also give permission for photographs to be taken and published in the school's newsletter and/or school website – **YES / NO** (please circle).

.....
Parent/Caregiver Name (Please print)

.....
Parent/Caregiver Signature

.....
Date

Is your child Anaphylactic

☐ No

☐ Yes

Allergic to: _____

Where will the EpiPen be located on this excursion: _____

Special needs of my child of which you should be aware (e.g. allergies, medication – please provide full details):

Parent/Caregiver Contact No (on date of this excursion)

Student's mobile number