



HENRY KENDALL HIGH SCHOOL

INCURSION INFORMATION AND CONSENT FORM

Dear Parent/Caregiver

9 September 2015

Student Welfare is integral to all aspects of school life at Henry Kendall High and as a school community we aim to ensure that a safe and supportive environment and culture is created and maintained at all times.

To reinforce this positive culture, the Henry Kendall High Welfare team are conducting a **Wellbeing Day** for Year 7 on Wednesday 7 October 2015. The focus of the day will be positive relationships. It will also target the negative consequences of peer conflict, explain the school peer conflict policy and discuss useful strategies to counteract peer conflict both, as an individual and year group.

The program will involve the following:-

- Session 1 – Mini lecture with a peer conflict focus
- Session 2 – Peer conflict workshop activities
- Session 3 – Deputy Principal presentation
- Session 4 – Team building exercises
- Session 5 – Group consolidation task

The Welfare Team look forward to a challenging and rewarding day with the Year 7 cohort.

If you have any questions, then please contact the Year Adviser on 4325 2110.

The group will be supervised by middle school teachers

Please complete details below and return by Friday 2 October 2015. If photos are taken on this incursion, we require your permission to publish them in our newsletter and website. Please indicate below if you give permission.

Yours faithfully

Mr Andrew Backhouse
PRINCIPAL

Mrs Tracy Smith
HEAD TEACHER
STUDENT SERVICES (Rel)

Mr Jason Morris
YEAR 7 ADVISER

(This incursion is part of the students' learning program and has the Principal's approval)

✂

Please return this permission note to the office by Friday 2 October 2015

I hereby consent to _____ (student's name) in Year ____ participating in the Wellbeing Day held on Wednesday 7 October 2015 at Henry Kendall High School.

I also give permission for photographs to be taken and published in the school's newsletter 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, anaphylaxis, etc.) – please provide full details:

Parent Contact No.: