Consent form for Camps, Excursions, Sporting or Adventure activities

This form applies to all Department for Education settings including schools, preschools, and early childhood services.



Activity information									
Excursion or camp: Stage 1 English Novel Study Workshops									
Location: Open Access College – 1-37 Marden Road, Marden SA 5070 – TA3 Boardroom									
From:		To:				Or on:	17	10	2024
Educational purpose of the program and activities to be undertaken: As part of Stage 1 English B, students are required to participate in a workshop for their chosen novel study. This is a compulsory part of their novel study program. Students who are unable to attend in-person will be able to participate in the workshops via MS Teams.									
The workshop is an opportunity for students to deepen their understanding of their chosen text and participate in its analysis in a group setting for all Stage 1 English B students. The purpose of the students will participate in two one-hour workshops. One based on their chosen novel, and one based on essay writing. This will directly relate to their third assessment task, the novel study essay for Semester 2.									
Date: Thursday,17th of October 2024 Time: 10:45am – 1:30pm									
*If the student is unable to attend in person on the day, please advise your teacher so that they can arrange for the Teams meeting details to be sent to you prior to the workshop start time.									
Clothing or equipment re	equired for th	he activity	(if applic	able):					
Students must bring: Pens, a notebook or paper, laptop, and their copy of their novel.									
Number of supervising staff: 4	Number of volunteers:			nber of in pplicable)		Adult	to child r	atio: 1:15	
Number of children attending: 30									
Costs/payment requirements: N/A									
Transport arrangements (including departure/arrival times):									
To attend the event students will: Students will be required to organize their own way to and from Open Access College (Marden). Financial assistance is available for students where Open Access College is the enrolling school and who live 80km from Adelaide CBD to attend face to face events.									
Site based contact person and contact details: Vincent Paul, 8309 3734, Vincent.paul285@schools.sa.edu.au									
Sleeping arrangements (if applicable): N/A									
Contingency plans (if the excursion is cancelled or altered): The sessions will be offered in parallel online offerings, so students can access these video recordings if the excursion is altered or cancelled.									

To be completed by parent/carer and returned

Health support

Does your child have any health support or medication administration needs that should be considered for this activity?	Yes □	No
If yes, has a care plan/medication agreement been provided to the school/preschool?	Yes	No □
Are there any other matters that may impact your child's safe participation in the above activities?	Yes	No □
Please outline details:		

Agreement

- Supervising staff/instructors will use the site's behaviour management processes needed to ensure the safety and wellbeing of all students.
- If there is an accident or illness, supervising staff will provide first aid and call an ambulance if required.
 The school/preschool will inform me as soon as possible. I will cover all medical expenses for my child,
 but I can ask the department to pay for ambulance costs if my child does not have private ambulance
 cover.
- Where appropriate, I have provided updated health information for my child, including any extra support they need.
- The information I have given is accurate. The information provided will be used solely for the purpose of ensuring your child's safety during excursions and will be used in accordance with the Information Privacy Principles Instruction.
- I can ask the school/preschool to provide me with a copy of the risk management plan for this excursion/camp if needed.

Parent/carer consent

I have read and agree with all the information provided and give my consent for my child to attend this activity:							
Name of activity	Stage 1 English B – Novel Study Workshop						
Student/child name:							
Parent/Carer:							
Name:							
Signature:		Date:					
Phone number:							
Who can we contact in case of an emergency for the duration of this activity :							
Name:							
Relationship to the child/student							
Phone number/s:							