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: Year 1	2 Psychology Exam F	Preparation Workshop					
Location: Open Access College (Marden Campus), 1-27 Marden Road, Marden, 5070 – Studio 1							
From:	To:		Or on:	29	10	24	
Educational purpose of the	program and activities to be	e undertaken:					
		m preparation workshop fo ege, Marden Campus in St		age 2 Ps	sychology	' on	
		a practice exam held unde and feedback from Psycho			nen reviev	v and	
		ies in preparation for the S nts who may be nervous to					
Time: 8:50am until 1:30p	m*						
*Students have the option practice exam or 11:30am		ent (8:50am until 1:30pm) or	attend part	of the ev	vent (9:00a	m —	
Clothing or equipment requ	uired for the activity (if appli	cable):					
Students will need to brin and drink to consume du		er) to access the digital pra	actice exam	n and bri	ng their o	wn food	
Note: Students may acce	ess the Marden canteen (c	open between 9:30am – 2:	30pm).				
Number of supervising staff: 2 - 4	Number of adult volunteers: 0	Number of instructors (if applicable): 2	Adult to	child rati	o: 1:15		
Number of children attendi							
Costs/payment requiremen	ts: no cost to student						
Transport arrangements (in	cluding departure/arrival tir	mes):					
Financial assistance is a		ganise their own way to a e Open Access College is ents.					
Students will need to arriv for the 9:00am workshop		at Student Services, before	e making th	neir way	over to St	tudio 1	
	to sign out at Student Se :30pm onwards, outside c	rvices at 1:30pm at the col of Student Services.	nclusion of	the work	kshop. Stu	udents	
Site based contact person a	nd contact details:						
Genevieve Lavis - <u>Genev</u>	rieve.Lavis618@schools.s	<u>sa.edu.au</u> PH: 08 8309 35	57				
Sleeping arrangements (if a	pplicable): NA						
Contingency plans (if the ex	cursion is cancelled or alter	ed):					
	hology practise exam and	where students cannot atte d answers sheet to work th					

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	Year 12 Psychology Exam Preparation 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:						