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.



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А	CTI\	/ITV	Inte	orm	ation

Excursion or camp: Pride March 2024											
Location: Murlawirrapurka / Rymill Park, Crn East Terrace and Rundle Road, Adelaide SA 5000											
From:				To:				Or on:	02	11	2024
Educatio	nal purpo	se of th	e program a	and activi	ties to be	undertak	en:			•	
Students are invited to join teachers and support staff in the city to participate in the Pride March 2024. This is an opportunity for students to show their support to the LGBTIQA+ community alongside OAC, and both friends and families are welcome to march with us along the way.											
Participants to meet at Murlawirrapurka / Rymill Park (cnr of East Terrace and Rundle Road) at 2:30pm in preparation for the March to commence at 3pm.											
Event tin	ne: 3:00p	m – 4:30)pm (appro	ximately)							
Clothing	or equipr	ment red	quired for tl	ne activity	/ (if appli	cable):					
Comfortable shoes and clothes. Students can choose to wear anything they like to show their support (the more colourful the better).											
Number staff: 2	of superv	rising	Number of volunteers:			nber of ins pplicable)		Adult 1:10	to child ra	ntio:	
Number of children attending: 5											
Costs/payment requirements: N/A											
Transport arrangements (including departure/arrival times):											
To attend the event students and parents/carers will be required to make their own way to and from Murlawirrapurka / Rymill Park.											
Site based contact person and contact details:											
Harry Smith - Harry.Smith830@schools.sa.edu.au – 8309 3500											
Sleeping arrangements (if applicable): N/A											
Contingency plans (if the excursion is cancelled or altered):											
Where the event is cancelled students will be notified by text message. After hours – no lessons affected.											

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	Pride March 2024					
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:						