# 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**

Location: Open Access Colleg	e, 1-37 Marden	Road, Mai	rden SA 5	070				
From:	To:				Or on:	02	12	2024
Educational purpose of the p		ities to be	undertak	en:	0.0			
Students from Years 7 - 10 cla several learning areas, includ				hers and p	eers in a	variety o	of activitie	es from
The Come in Day is an opport face-to-face environment, an				eir learning	from 20	)24, inter	act with	peers in a
Students will have the opport These include relationship bu challenges, and arts/crafts.			-					-
Time: 8:45am – 2:30pm								
Clothing or equipment requir	ed for the activit	y (if applic	able):					
Students are asked to bring a	hat and water bo	ottle, luncl	h/snacks t	or the day,	and we	ar enclos	ed shoes	
Number of supervising staff:	Number of adu			r of instruc		Adult to	child ratio	o: 1:15
Minimum 6 per session	volunteers: N/	A	(if appli	cable): N/A	<b>`</b>			
Number of children attending	g: 80							
Costs/payment requirements	: N/A							
Transport arrangements (inclu	uding departure/	arrival tim	nes):					
Students to organise their ow	n transport to ar	nd from th	e Onen Δ	rress Colle	ge Mard	len camn	115	
			e open n					
Students to arrive at 8:45am their way to the Hall for a 9:0 at 2:30pm.	-			-				-
Site based contact person and Ruby Easthope-Swan 8309 3555	d contact details:							
ruby.easthopeswan650@scho								
Sleeping arrangements (if app	olicable): N/A							
Contingency plans (if the excu	ursion is cancelle	d or altere	ed):					

## 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	Years 7 -10 Come in Day						
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:							