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 | ` | | | |
| 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: | | | | | | | |