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.



Dear parent/carer

Open Access College has organised the excursion/camp detailed below. If you would like your child to attend, please complete and return the parental consent form on page 3. You can keep page 1 for your future reference.

If you do not consent to your child participating in this excursion/camp, an alternative plan will need to be negotiated with the site for the duration of the activity.

See Camps and excursions policy (education.sa.gov.au) for more information

	informat n or camp		Years Zoo Exc	ursion						
Location: Adelaide Zoo, Plane Tree Drive, Adelaide, SA 5000										
From:			То	:			Or on:	7	4	2025
Educatio	nal purpo	se of the	program and	activities	to be undertaker	1:				
As part of		C Middle	Years Curricul	lum stude	ents are invited to	participa	ate in ou	r excur	sion to th	e
The trip to the zoo is an opportunity for years 7-9 to connect and collaborate in their learning. We will predominantly be enjoying exploring the zoo but there will be some learning activities. Year 7s will have some activities linking to their Maths, Science and Health & PE curriculum Year 8s and 9s will have activities linked to English and Science										
Time: Arrive 10:30AM to enter the zoo 10:45 – Exit the zoo 2:15 to pick-up by 2:30										
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			uired for the a			o pick-up	by 2:30			
Clothing	or equipr	ment req	uired for the a	ctivity (if . Comfort	applicable): able shoes and w				ning to wa	alk around
Clothing Student: in, lunch	or equipr	ment required to pure	uired for the a screen, Water, chase lunch fro Number of adu	ctivity (if . Comfort om the zo	applicable): able shoes and woo canteen).	eather-a _l	ppropria		_	alk around
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Students in, lunch Number staff: 8	or equipr s must bri (or mone of superv	ment requirement requirements of the second	uired for the a screen, Water, chase lunch fro Number of adu	ctivity (if . Comfort om the zo	applicable): able shoes and woo canteen).	eather-a _l	ppropria Adult t	te cloth	_	alk around

Costs/payment requirements:

Cost: There is a fee of \$13.00 per student to be paid by 30/3/2025 Please use the account details below:

Account: Open Access College BSB: 105-069

Account Number: 278824640 Reference: Student Name + Zoo

*School Card holders may be able to negotiate attendance cost with their teacher.

Transport arrangements (including departure/arrival times):

To attend this event: Students will be required to organise their own way to and from the Adelaide Zoo. 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:

Harry Smith, 8309 3518, harry.smith830@schools.sa.edu.au

Sleeping arrangements (if applicable): N/A

Contingency plans (if the excursion is cancelled or altered):

If the event is cancelled, students, parents and caregivers will be notified at the earliest possible moment and students will be required to attend their normal timetable lessons.

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	Middle Years Zoo Excursion						
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:							