Consent form for Camps, Excursions, Sporting or Adventure activities

This form applies to all Department for Education settings including schools, preschools, and early



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 2. 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

Please use this space to enter a description of any contextual details for the excursion/camp. If you are attaching a cover letter instead, you can delete this text box.

Activity information								
Excursion or camp: Senio	or Years Careers Come	in Day						
Location: Open Access College – 1 – 37 Marden Road, MARDEN SA 5070								
From:	To:		Or on:	15	08	2024		
Educational purpose of t					- £			
	•	un in 3 sessions and allow s chers and build skills for en			e tuture p	oatnways,		
Date:								
Time: 9:30am – 2:30pm								
9:30am – Students arriv before walking over to t	=	t Services. Teachers will mo	et stude	nts outsion	de of this	area		
_		ilding and wellbeing works	gor					
Session 2: 11:30am - 1:0			·					
•	•	e and interview preparatio	n.					
•		dent Services to sigh out.						
2:30pm - Students are d	ismissed after signing (out at Student Services.						
Clothing or equipment re	equired for the activity	(if applicable):						
Students must bring: Re	cess, lunch, water, and	а іартор.						
Number of supervising	Number of adult	Number of instructors	Adult	to child ra	atio:			
staff: 4-6	volunteers:	(if applicable):	1:13					
The same of the same								
Costs/payment requirements:								

Transport arrangements (including departure/arrival times): 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: Laurence May 08 8309 3520
Sleeping arrangements (if applicable):
Contingency plans (if the excursion is cancelled or altered):
Students are required to attend this event in person. Students who don't attend are required to attend 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	Senior Years Careers 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:						