

# 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.



Government  
of South Australia  
Department for Education

## Dear parent/carers

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 \(education.sa.gov.au\)](https://www.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: Primary Years - Adelaide Botanic Garden Excursion

Location: Adelaide Botanic Garden, North Terrace, Adelaide SA 5000.  
Meeting point is at the Kitchen Garden Gate, near the Wetlands Bridge.

From:    To:    Or on: 27 09 2024

Educational purpose of the program and activities to be undertaken:

As part of the Primary Years, students are invited to participate in the term 3 excursion to the Adelaide Botanic Garden. The excursion is an opportunity for students to meet classmates and teachers and participate in real-life experiences to further enhance and embed current learning around biological sciences.

Children will undertake activities that utilise play and exploration, exciting their natural sense of wonder and engaging all the senses.

The Kitchen Garden showcases the benefits of growing fresh, healthy produce instilling healthy habits from a young age.

Students will then participate in a teacher-led trail that explores plant adaptations.

Date: Friday the 27th of September 2024

Location: Adelaide Botanic Garden, North Terrace Adelaide, 5000.

Time: 11:45 am – 2:30 pm

Students will meet teachers at the Adelaide Botanic Gardens (at the Kitchen Garden Gate, near the Wetlands bridge) for a 12:00pm program start time.

11:45am - Meet at the Adelaide Botanic Gardens - Kitchen Garden Gate, near the Wetlands bridge.

12:00 pm – 1:00 pm – Little Sprouts Kitchen Garden Program.

1:00pm – 1:30pm - Lunch – BYO Picnic lunch

1:30 pm – 2:15 pm – Teacher Led Plant Adaptions Trail.

2:15 pm – wrap up and conclude excursion by 2:30 pm.

<p>Clothing or equipment required for the activity (if applicable):</p> <p>Hat &amp; wear comfortable clothes &amp; shoes. BYO lunch.</p>			
<p>Number of supervising staff:</p> <p>Based on 20 students attending, a minimum of 3 teachers will be attending and supervising at all times.</p> <p>Parents are to supervise non-OAC students (i.e. siblings).</p>	<p>Number of adult volunteers:</p>	<p>Number of instructors (if applicable): 1</p>	<p>Adult to child ratio:</p> <p>Year R-2 ratio is 1 :6</p> <p>Year 3-6 ratio is 1:10</p>
<p>Number of children attending: Approximately 20</p>			
<p>Costs/payment requirements:</p> <p><b>\$6.00</b> for Open Access Students. Please pay Open Access College by Friday 20th September 2024 (Week 9).</p> <p>*School Card holders may be able to negotiate attendance cost with their teacher.</p> <p>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.</p>			
<p>Transport arrangements (including departure/arrival times):</p> <p>Students will be required to organise their own way to and from the Adelaide Botanic Gardens.</p> <p>Arrival: 11:45 am for a 12:00 pm start Excursion concludes: 2:30 pm</p>			
<p>Site based contact person and contact details:</p> <p>Teacher in charge: Kiah Payne Email: Kiah.Payne917@schools.sa.edu.au Open Access College: 830903590</p>			
<p>Sleeping arrangements (if applicable): N/A</p>			
<p>Contingency plans (if the excursion is cancelled or altered):</p> <p>If the event is unable to go ahead, parents/guardians will be notified by email.</p>			

## 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:

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### 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	Primary Years - Adelaide Botanic Garden 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:	