

# 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/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 \(education.sa.gov.au\)](https://www.education.sa.gov.au) for more information

Come and enjoy a range of fun, inclusive and wholesome activities. Meet fellow students, teachers, Student Wellbeing Leaders and OAC staff! An amazing opportunity for new experiences and connecting with our school community through our values.

## Activity information

Excursion or camp: Wellbeing Day – Inclusion: Building Belonging

Location: **Open Access College Marden, 1 – 37 Marden Road, Marden SA 5070**

From:  To:  Or on:  24  02  2024

Educational purpose of the program and activities to be undertaken:

Students from Reception to Year 12 are invited to enjoy a range of fun and inclusive activities at our Wellbeing Day 1, Inclusion: Building Belonging. This is an amazing opportunity for students to meet their peers, teachers and OAC staff and forge connections built upon the Open Access College values.

**Time:** 9am – 3pm

**Session times / program:** See program attached

Students must sign in at 8:45am at Student Services before making their way to the Hall for an induction and welcome. Students must sign out at Student Services before leaving at 3:00pm. Students are not permitted to leave the site during the school day.

During an incursion or excursion students are expected to keep their mobile devices switched off or on silent and store them in their bags unless instructed otherwise. For further information refer to our Mobile Phone Policy on the Open Access College website.

Clothing or equipment required for the activity (if applicable):

Students will need to bring a snack and water. A BBQ lunch will be provided.

Number of supervising staff: 20-30

Number of adult volunteers:

Number of instructors (if applicable):

Adult to child ratio: 1:10

Number of children attending: 100 approximately

Costs/payment requirements:

N/A

Transport arrangements (including departure/arrival times):

**To attend this event:** Students will be required to organise their own way to and from Open Access College.  
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:  
Ruby Easthope-Swan [Ruby.Easthopeswan650@schools.sa.edu.au](mailto:Ruby.Easthopeswan650@schools.sa.edu.au) 8309 3500

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:

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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                                                                                                  | <b>Wellbeing Day – Inclusion: Building Belonging</b> |
| 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:                                                                                                   |                                                      |