

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

(Note: that parents includes independent students, caregivers (for children in care) and authorised persons (standalone preschools), see definitions of the camps and excursions procedure)

Requirements in this document must not be altered. Please use block letters when filling out this form

As a parent of:

| | |
|----------------------|--|
| STUDENT/CHILD'S NAME | |
|----------------------|--|

I:

| | |
|-------------|--|
| PARENT NAME | |
|-------------|--|

give my consent for [name of child] to participate in:

| | |
|---|--|
| NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY | |
|---|--|

do not give my consent for [name of child] to participate in any religious activities outlined below (if applicable)

at/on:

| | |
|----------|--|
| LOCATION | |
|----------|--|

FROM:

 TO:

 OR ON:

Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school/preschool in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the site.

Signed: _____

Date: / /

Parent (in case of emergency)

| | |
|------|--|
| NAME | |
|------|--|

| | |
|-----------------------|--|
| RELATIONSHIP TO CHILD | |
|-----------------------|--|

| | | | | | |
|---------------|--|---------------|--|--------|--|
| TELEPHONE (1) | | TELEPHONE (2) | | MOBILE | |
|---------------|--|---------------|--|--------|--|

| | |
|--|--|
| Student Medic Alert Number (If applicable): | |
|--|--|

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

(Note: for a series of activities that take place on a regular basis (including regular outings), list all individual activities, dates, locations, cost, transport, supervision arrangements and start and dismissal times)

| | |
|---|---|
| REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED AND PROGRAMS PLANNED FOR STUDENTS UNABLE TO ATTEND | |
| TRANSPORT ARRANGEMENTS – INCLUDING DESCRIPTION OF DESTINATION AND PICK UP LOCATION, METHOD, MEANS AND ANY SPECIFIC REQUIREMENTS FOR SEATBELTS OR SAFETY RESTRAINTS | |
| SLEEPING ARRANGEMENTS (WHERE APPLICABLE) | |
| NUMBER OF STUDENT/CHILDREN ATTENDING | |
| NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING | |
| FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO | |
| COSTS – INCLUDING DETAILS OF ANY FINANCIAL ASSISTANCE AVAILABLE | 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. |
| CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE) | |
| SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS | |