

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

Activity information

Excursion or camp: Open Access College Online Gym Workshop											
Location: Open Access College – 1-37 Marden Road. Marden SA 5070											
From:				To:				Or on:	22	11	2024
<p>Educational purpose of the program and activities to be undertaken:</p> <p>By engaging with this incursion/excursion opportunity students will be developing their skills in individual movement assessments with the aim to improve overall function. Students will have the opportunity to interact with others across a wide range of year levels and seek support and advice from an industry professional in how to improve and maintain their health and wellbeing levels.</p> <p>Time: 10:00am – 3:00pm</p> <p>Session times / program:</p> <ul style="list-style-type: none"> • 10:00 am – 10:15am: Welcomes, introductions, and briefing. Students meet Huw Bowen, Tahlia Jones (OAC staff) and Jordan Checker (PT) in front of Student Services • 10:15 am – 10:45am: Functional Movement Screens • 10:45am – 11:15am: Recess • 11:15am – 12:45pm: Gym 1 • 12:45pm – 1:15pm: Lunch • 1:15pm – 1.45pm: Effective recovery • 1:45 pm – 2:45pm: Gym 2 • 2:45 pm – 3:00 pm: debrief and dismissal. 											
<p>Clothing or equipment required for the activity (if applicable):</p> <ul style="list-style-type: none"> • Pen, pencil, eraser • Recess, Lunch, Water Bottle • Active wear in which to move and workout. 											
Number of supervising staff:	Number of adult volunteers:	Number of instructors (if applicable):	Adult to child ratio:								
2	0	1	1:10								
Number of children attending: 15											
Costs/payment requirements: N/A											
<p>Transport arrangements (including departure/arrival times):</p> <p>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.</p>											
Site based contact person and contact details: Huw Bowen - Huw.Bowen878@schools.sa.edu.au - 8230 6881											
Sleeping arrangements (if applicable): N/A											
<p>Contingency plans (if the excursion is cancelled or altered):</p> <p>Parents/Carers will be contacted via Daymap or email if change occurs 72+ hours beforehand. If there is any change occurring within 72 hours of the event, Parents/Carers will be contacted directly by phone call or SMS.</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:

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	Open Access College Online Gym Workshop – Years 8 -12
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:	