

31/05/2023

Middle Years Come in Day

Dear parent/guardian,

As a part of Central Studies and Specialist Subjects, your child is invited to participate in the *End of Term 2 Middle Years Come in Day*.

The come in day is a chance for students to consolidate some of their learning, interact with their peers in a face to face environment, and celebrate the end of Term 2. Students will have the opportunity to participate in a variety of activities including: relationship building (wellbeing), a river walk, physical activities, and arts/crafts.

Location: The Hall at Open Access College, Marden Campus SA 5070

Date: Friday 7th July 2023

Time: 9:00AM – 2:30PM

Students to meet teachers at Front Reception at 8.45am to sign in.

After signing in please make your way to the Hall where your teachers will be waiting for you.

Students are required to sign out before being collected from the hall at 2:30PM.

Students will need to bring:

- Water bottle
- Snack
- Lunch
- Hat
- Closed in shoes

To attend the event students will: Be required to organise their own transport to and from Open Access College.

Please refer to the attached consent form for further details.

Return completed consent forms to ruby.easthopeswan650@schools.sa.edu.au by **Friday the 30th of June**.

Photos may be taken at this event and published on our website and Facebook page. If you have returned a media consent form at enrolment for 2023, you do not have to return another. You can check whether we have a media consent form on file via Daymap Connect Parent Portal.

Please contact Ruby Easthope-Swan ruby.easthopeswan650@schools.sa.edu.au if you have any queries or concerns using the email above or by telephone on 8309 3555.

Yours sincerely,



Ruby Easthope-Swan
Year Level Manager, Middle Years



Jeane Schocroft
Deputy Principal

Marden Campus

1-37 Marden Road
MARDEN SA 5070
Phone (08) 8309 3500
Fax (08) 8362 0045
Toll Free 1800 882 328
Courier: EAST

Port Augusta Campus

School of the Air
59 Power Crescent
PORT AUGUSTA SA 5700
Reception (08) 8642 2077
Fax (08) 8642 3563
Toll Free 1800 018 287
Courier: PORT AUGUSTA



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 | Middle Years Come in Day |
|---|--------------------------|

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

at/on:

| | |
|----------|------------------------------|
| LOCATION | Open Access College - Marden |
|----------|------------------------------|

FROM:

| | | |
|--|--|--|
| | | |
|--|--|--|

 TO:

| | | |
|--|--|--|
| | | |
|--|--|--|

 OR ON:

| | | | | | |
|---|---|---|---|---|---|
| 0 | 7 | 0 | 7 | 2 | 3 |
|---|---|---|---|---|---|

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 | Students will have the opportunity to participate in a variety of activities that connect to various learning areas. These include: relationship building (wellbeing), science experiments, physical activities, problem solving challenges, and art/craft. Students are asked to bring a hat and water bottle, lunch/snacks for the day, and wear enclosed shoes. |
| TRANSPORT ARRANGEMENTS – INCLUDING DESCRIPTION OF DESTINATION AND PICK UP LOCATION, METHOD, MEANS AND ANY SPECIFIC REQUIREMENTS FOR SEATBELTS OR SAFETY RESTRAINTS | Families to organise travel arrangements to and from Marden campus. |
| SLEEPING ARRANGEMENTS (WHERE APPLICABLE) | N/A |
| NUMBER OF STUDENT/CHILDREN ATTENDING | Approx. 80 |
| NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING | Minimum 3 per session |
| FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO | N/A |
| COSTS – INCLUDING DETAILS OF ANY FINANCIAL ASSISTANCE AVAILABLE | N/A |
| CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE) | N/A |
| SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS | Ruby Easthope-Swan 8309 3555 0474518989 ruby.easthopeswan650@schools.sa.edu.au |