



EAST ADELAIDE SCHOOL EXCURSION CONSENT FORM



YEAR LEVEL: **Reception & Year 1** ROOMS: **4B, 4W, 5 and 6**

TITLE OF THE EXCURSION: **Visit to the Adelaide Zoo**

DESTINATION: **Adelaide Zoo**

DAY/DATE: **Monday 1 April 2019**

DEPARTURE TIME: **9.30 am** RETURN TIME: **3.00pm**

COST: **\$24.50 (PAID BY EXCURSION LEVY)**

MODE TRANSPORT: **We will be travelling to and from Adelaide Zoo by bus.**

TEACHERS INVOLVED: **Hayley Combe, Natalie Diglio, Nadia Plawecki and Jasmin Gerace**

ACTIVITIES / OUTCOMES:

This excursion links with the **Biological Science – Living Things** where the students will gain an understanding of animals, their environment and needs. They will also focus on similarities and differences between animals' habitats and needs. Students will be focusing on zoo keepers who use science in their daily lives, including when caring for their environment and living things.

It is also linked with **History** looking at the similarities and differences between the students' daily lives and life during their parents' and grandparents' childhood visits to the zoo. Students will learn about the history of the buildings, site and natural environment, then discuss what this reveals about the past of the zoo.

ADDITIONAL INFORMATION:

All students must wear school uniform and a school hat and come to school with sunscreen applied. They must bring a packed recess and lunch and a drink bottle that can be refilled.

Please ensure that the classroom teacher is informed if your child requires medication whilst on excursion. The necessary medication must be in the original container, clearly marked with the child's name and with the appropriate health care plan attached. If the school holds medication and a current health care plan, this will be taken on the excursion.

During the excursion, children will be interacting with animals. Please inform us if your child has any specific allergies to animals or any other reason for not coming into contact with animals.

We will require parents to assist with supervision. The DECD volunteering policy stipulates that all volunteers must have a Child-Related Employment Screening clearance through the Department of Communities Social Inclusion (DCSI). Only the DCSI screening is acceptable and forms can be collected from the front office. Volunteers are also required to attend a Reporting, Abuse and Neglect (RAN) and Volunteer Training session prior to undertaking any volunteer work. Please complete and return the slip **below** if you are able to help supervise. The teacher will contact parents to confirm arrangements prior to the excursion.

Please return the attached consent form to the class teacher by Thursday 21 March 2019.

Students must have **written** permission for excursions to be able to participate.

EAST ADELAIDE SCHOOL – EXCURSION OFFER OF VOLUNTEER SUPERVISION

EXCURSION: **Adelaide Zoo** ROOMS: **4B, 4W, 5 and 6** DATE: **Monday 1 April**

NAME of Child _____

I am **able/not able** to help with supervision. I have a current DCSI clearance and I have completed the Responding to Abuse and Neglect – Education and Care (RAN-EC) training and have provided a copy of my certificate of completion to the school.

(Parent/Guardian Name)

(Signature)

Phone Number _____

Date _____



CONSENT FORM FOR CAMP/EXCURSION

(To be completed in conjunction with medical information and activity information sheets)

Please use block letters when filling out this form

As a parent/guardian of:

STUDENT/CHILD'S NAME

I:

PARENT/GUARDIAN NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY: Adelaide Zoo
REASON FOR AND DESCRIPTION OF ACTIVITY: This excursion links with the Biological Science - Living Things where the students will gain an understanding of animals, their environment and needs.

at/on:

LOCATION: Adelaide Zoo

FROM: TO: OR ON: 1 0 4 1 9

The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool? Yes No

If No, please provide an updated Health Care Plan to the school/preschool on completion of this form.

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

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 or surgical treatment a registered medical practitioner considers necessary.
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.

Signed: _____

Date: / /

Emergency Contacts - Parent/Guardian

NAME
ADDRESS
POSTCODE
HOME TELEPHONE WORK TELEPHONE ALTERNATIVE TELEPHONE

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.