



EAST ADELAIDE SCHOOL EXCURSION

TITLE OF THE EXCURSION: **Port Noarlunga Reef Walk**

YEAR LEVEL: **1**

ROOMS: **3, 5, 6, 7 and 10**

DESTINATION: **Port Noarlunga**

DAY/DATE: **Friday 23 March 2018**

DEPARTURE TIME: **10:30am**

RETURN TIME: **3:20pm**

COST: **\$26.50 GST Free (PAID BY EXCURSION LEVY)** MODE TRANSPORT: **BUS**

TEACHERS INVOLVED: **Pip Souter, Jasmin Gerace, Caroline Martin, Heather Douglas, Natalie Marino**

ACTIVITIES / OUTCOMES:

Students will investigate living creatures in a marine environment. After being fitted with a personal floatation jacket, they will travel by boat out to the reef and explore the natural environment.

ADDITIONAL INFORMATION:

All students must wear school shorts, t-shirt, jumper/jacket dependent on the weather, enclosed shoes and school hat. **Students will require a pair of thick socks** for the reef walk in order to minimise the impact of walking on the reef. Bring recess, lunch and a water bottle in a small back pack and include a change of clothes. Please apply sunscreen before school. Children will not need to bring bathers as they will not be swimming.

Please ensure the classroom teacher is informed if your child requires medication whilst on the excursion. The necessary medication must be in the original container, clearly marked with the child's name and with the appropriate health care plan. If the school holds medication and a current health care plan for your child, this will be provided to the supervising teacher for the excursion. Students who self manage their asthma must take their inhalers on the excursion.

We will **require at least 1 parent** to assist with supervision. The DECD volunteering policy has recently changed. Parents or guardians who volunteer in connection with an activity that involves their own child do not require a *relevant history screening* through the Department of Communities and Social Inclusion [DCSI]. However, East Adelaide School Governing Council has strongly recommended the DCSI screening continues for all volunteers. Only the DCSI screening is acceptable and application forms can be obtained from the school front office. Completed forms must be returned to the school for lodging.

Volunteers are required to have completed the Responding to Abuse and Neglect – Education and Care (RAN-EC) training prior to undertaking any volunteer work. The training may be completed online. Register at <https://www.plink.sa.edu.au/pages/signup.jsf> and select the course "Responding to Abuse and Neglect-Education and Care online induction session for volunteers". Once completed, please provide a copy of your certificate of completion to the school. Should you require further information, please contact the school front office.

Please complete and return the slip **below** if you are able to help with supervision. The teacher will contact parents to confirm arrangements prior to the excursion.

Please return the following consent forms to the class teacher by Friday 16th March, 2018.

- **Consent form for Camp/Excursion**
- **Student Health Information Outdoor Education Consent Form**
- **Water Safety Program Consent Form**

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

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EAST ADELAIDE SCHOOL – EXCURSION OFFER OF VOLUNTEER SUPERVISION

EXCURSION: Port Noarlunga Reef Walk **ROOMS:** 3, 5, 6, 7 and 10 **DATE:** Friday 23 March 2018

NAME of Child _____ Room No _____

- I am able to help with supervision.
- I have a current DCSI relevant history screening.
- 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 _____



**EAST ADELAIDE SCHOOL
STUDENT HEALTH INFORMATION
OUTDOOR EDUCATION**

Any health information given will not prevent your child from taking part in outdoor education activities unless further medical advice warrants exclusion. All information provided will be treated confidentially, and will be used to protect and assist your child so that participation will be a safe and enjoyable experience. Please attach additional information if necessary and feel free to discuss any issue in more detail with the class teacher.

NAME OF CHILD _____

ROOM _____

Parent or Guardian

Address	Home Tel. No. Work Tel. No	Alternative No
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Family Doctor or Medical Clinic

Address	Home Tel. No. Work Tel. No	Alternative No
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Medical Specialist (if relevant)

Address	Home Tel. No. Work Tel. No	Alternative No
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Private Medical Benefit: If the child is a member of a please provide details:

FUND NAME: _____

BENEFIT TABLE _____ MEMBERSHIP NO. _____

Medicare No: _____ Expiry date _____

If we are unable to contact Parent or Guardian

Relationship	Home Tel. No. Work Tel. No	Alternative No
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MEDICAL CONDITIONS:

Does the student have any condition or health problems (asthma, allergies including food allergy, convulsive seizures, bedwetting)?

DETAILS

YES / NO

Are you aware of any medical emergency, which could occur?

DETAILS

YES / NO

Has your child been close to anyone with any "communicable disease" i.e measles, mumps, etc within the past 21 days? *(Please notify us if this occurs after you have returned this form)

DETAILS

YES / NO

Has your child had a tetanus immunisation?

WHEN

YES / NO

Is your child allergic to penicillin or any other drug/medicine?
DETAILS

YES / NO

Does your child take any regular prescribed medicine (including inhalers)?
DETAILS

YES / NO

Does your child have any special dietary requirements (allergies or restrictions)?
DETAILS

YES / NO

NOTE:

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 a chemist label detailing with the child's name, dose required and with the appropriate health care plan and medication authority attached. The plan, medication authority and medication must be handed to the teacher.

If the school holds medication and a current health care plan, this will be taken on excursion.

OUTDOOR EDUCATION - CONSENT FORM

As a parent/guardian of _____

I _____ give my consent for him/her to
(Block Capitals)

participate in ***Port Noarlunga Reef Walk***

***DETAILS OF THE ACTIVITIES PLANNED, TRANSPORT ARRANGEMENTS AND SUPERVISING STAFF ARE PROVIDED ON THE ATTACHED SHEET.**

I agree to delegate my authority to the supervising staff and instructors. Such leaders and instructors 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 above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident or illness occur and agree to pay all medical and dental expenses incurred on behalf of the above student.

I have provided all information necessary information about the above student and include details of limitations, which he/she has for the activity concerned. I further legally authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I give my consent for the above student's local doctor or medical specialist to be contacted in an emergency.

The information given is accurate to the best of my knowledge.

DATE _____ SIGNED _____

(Parent / Guardian)

Water Safety Program Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in water safety activities. This form will be shown to School Staff and DECD Accredited Instructors and Emergency Services Personnel responsible for this student's safety at water safety activities.

STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM

Section 1: Personal Details

Student Name.....Date of Birth.....

Name of School Medic Alert No. (if relevant).....

Emergency Contact Person Contact No

Section 2: Health and Wellbeing Support Information

Please complete the following information so the instructors and school staff can plan for your child's safety in the water.

Does your child have any health & wellbeing care needs that could affect their safety in the water?
If NO – please go to section 3 – consent to participate in water safety activities.

If YES – please complete this section

If you tick any of the boxes below the DECD Instructors need a written health care plan from your child's doctor/treating health professional. This may be a copy of the information you have provided already to the school.

IMPORTANT: failure to provide required medication will result in standard First Aid Management in an emergency.

Asthma		Seizures, Epilepsy		Incontinence	
Severe allergy (e.g. bee sting)		Diabetes		Medication usually taken at school	
Joint disorder		Heart Disorder		Swallowing/choking	
Vision impairment		Hearing impairment		Communication difficulties	
Ear disorder		Skin condition		Other (please provide details)	

Have you attached health care details from your child's doctor/treating health professional? Yes/No

If NO, staff and instructors will provide standard supervision for safety and first aid (see over)

If YES, write down what you have attached and please ensure all relevant medication is provided.

If you tick any of the boxes below regarding your child's wellbeing in the water the DECD Instructors need a brief outline of student's specific issue in regards to water.

Anxiety		Fear of water		Other	
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Details

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Section 3: - Consent to take part in water safety activities

I give my consent for my child named above to participate in water safe activities

I understand that school staff will be present and provide supervision for safety.

I understand that the DECD accredited instructor will be in charge of the water activities.

Parent/guardian.....Signature.....Date.....

Standard Health Care Support for the most common health conditions:

Asthma	<p>Any child currently prescribed asthma medication must bring their medication. Asthma care plan should be attached to this consent form.</p> <p>Standard First Aid: Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still no relief, call an ambulance. No return to the water after two lots of reliever medication within any given session.</p>
Seizures	<p>No in water activities without health care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch, provided by school. Seizures are generally managed in the pool. Continuation in the water safety program that day will be assessed by supervising teacher in consultation with student's health care plan.</p>
Diabetes	<p>No in water activities without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</p>
Severe Allergy	<p>As per allergy specialist care plan</p>
Drainage Tubes in Ears	<p>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</p>
Incontinence	<p>As per care plan. Any accidents that result in contaminated water must be managed as per health regulations.</p> <p>Cryptosporidium Infection Cryptosporidiosis is caused by the parasite <i>Cryptosporidium</i>. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools for 14 days after symptoms have stopped.</p>
Choking	<p>As per care plan</p>
Infection Control	<ul style="list-style-type: none">- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage- Students with significant unhealed wound(s) will be advised not to go in water until the wound has closed.- Students with ringworm should not commence in water until at least 24 hours after commencement of appropriate treatment (usually a topical anti-fungal cream)- Students with tinea should not go into pools or change rooms until at least 24 hour after commencing appropriate treatment- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.



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: Noarlunga Reef
REASON FOR AND DESCRIPTION OF ACTIVITY: This excursion links with the Science Curriculum in Biological Sciences. The students will learn that living things having structural features and will look at adaptations that help them to survive in their environment.

at/on:

LOCATION: Port Noarlunga

FROM: TO: OR ON: 23 03 18

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 will pay all medical and dental expenses incurred on behalf of my child.
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. I also consent to my child's doctor or medical specialist being contacted in an emergency.
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. 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.