



# EAST ADELAIDE SCHOOL EXCURSION

TITLE OF THE EXCURSION: **Road Safety**

DESTINATION: **SAPOL Road Safety Centre**

YEAR LEVEL: **1**

ROOMS: **5 and 6**

DAY/DATE: **Tuesday 27 November 2018**

DEPARTURE TIME: **12.00pm**

RETURN TIME: **3.10pm**

COST: **\$6.60 GST Free (PAID BY EXCURSION LEVY)** MODE TRANSPORT: **Bus**

TEACHERS INVOLVED: **Jasmin Gerace and Caroline Martin**

## ACTIVITIES / OUTCOMES:

Aspects on road safety such as playing safely, crossing at traffic lights, passenger safety and bike safety

## ADDITIONAL INFORMATION:

All students must wear school uniform and a school hat.

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 7 parents** to assist with supervision. The Department for Education 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. **Until confirmation of your attendance has been made by the teacher, please do not schedule time off work.**

**Please return the attached consent form to the class teacher by Friday 9 November 2018.**

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

---

### EAST ADELAIDE SCHOOL – EXCURSION -OFFER OF VOLUNTEER SUPERVISION

EXCURSION: **Road Safety**

ROOMS: **5 and 6**

DATE: **Tuesday 27 November 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 \_\_\_\_\_



**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	Road Safety
REASON FOR AND DESCRIPTION OF ACTIVITY	Investigating aspects on road safety such as playing safely, crossing at traffic lights, passenger safety and bike safety

**at/on:**

LOCATION	SAPOL Road Safety Centre
----------	--------------------------

FROM: 

--	--	--

 TO: 

--	--	--

 OR ON: 

2	7	1	1	1	8
---	---	---	---	---	---

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	

<b>Student Medic Alert Number (If applicable):</b>	
--	--

\*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.