EAST ADELAIDE SCHOOL
EXCURSION /EVENT

YEAR LEVEL: **Year 6** ROOM: **20**

TITLE OF THE EXCURSION / EVENT: **Parliament House**

DESTINATION: **North Terrace**

DAY/DATE: **Wednesday 27 November 2019**

DEPARTURE TIME: **11. 00 am** RETURN TIME: **1.35pm**

COST: **$10.95 (PAID BY EXCURSION LEVY)**

MODE TRANSPORT: **Bus**

TEACHERS INVOLVED: **Christopher Byrne**

ACTIVITIES / OUTCOMES: **Parliament House Tour - Civics and Citizenship**

ADDITIONAL INFORMATION:

All students must wear school uniform and bring their drink bottle, hat, and packed lunch. Students will eat lunch after the excursion in the vicinity of North Terrace before returning to school.

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. Students who self manage their asthma must take their inhalers on the excursion.

We will **require at least 2 parents** to assist with supervision. All volunteers are required to have the appropriate screening to attend excursions including:

- a current DCSI Child-Related Employment Screening or DHS Working with Children Check
- a certificate of completion for the Responding to Abuse and Neglect – Education and Care (RAN-EC) training.

Further information regarding the above screenings can be obtained from the 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 attached consent form to the class teacher by Thursday 21 November 2019.

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

EAST ADELAIDE SCHOOL – EXCURSION/EVENT
OFFER OF VOLUNTEER SUPERVISION

EXCURSION / EVENT: **Parliament House** ROOM (S): **20** DATE: **Wednesday 27 November 2019**

NAME of Child _____ Room No _____

- ☐ I am able to help with supervision.
- ☐ I have a current DCSI/DHS relevant history screening and have provided the school with a copy.
- ☐ I have completed the Responding to Abuse and Neglect (RAN) training and have provided a copy of my certificate of completion to the school.

_____ _____
(Parent/Guardian Name) (Signature)

Phone Number _____ Date _____

Government of South Australia
Department for Education

ED170
Updated: 05/12

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	Parliament House
REASON FOR AND DESCRIPTION OF ACTIVITY	Civics and Citizenship Curriculum

at/on:

LOCATION	Parliament House, North Tce

FROM: ___ TO: ___ OR ON: 27 11 19

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.

The DECD CAMPS & EXCURSIONS GUIDELINES FOR SCHOOLS & PRESCHOOLS is available at:
http://www.decd.sa.gov.au/docs/documents/1/CampsandExcursionsGuide.pdf