



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	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Year 6/7 Camp to Port Hughes – Rooms 20 & 21
REASON FOR AND DESCRIPTION OF ACTIVITY	2x 3 day/ 2 night back to back aquatic based program and Arura Group Stays campsite at Port Hughes with activities being ran out of Moonta Bay. Over the duration of the program students will participate in kayaking, snorkelling, squid fishing, multi-task dilemma raft making challenge (Castaway) and catapult challenge (Beach Siege).

at/on:

LOCATION	Port Hughes
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FROM:

1	6	0	3	2	0
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1	8	0	3	2	0
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 OR ON:

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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):	
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*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.



EAST ADELAIDE SCHOOL EXCURSION / EVENT

TITLE OF THE EXCURSION: YEAR 6/7 CAMP TO PORT HUGHES

YEAR LEVEL: **6/7**

ROOM (S): **20, 21**

DESTINATION: **Port Hughes**

DAY/DATE: **Monday 16th – 18th of March 2020**

DEPARTURE TIME: **8:30am**

RETURN TIME: **3:00pm**

COST: **\$384.45 GST Inclusive**

MODE TRANSPORT: **PRIVATE BUS TRANSFER**

TEACHERS INVOLVED: **Fleur Fotheringham and Sam Hutton**

ACTIVITIES / OUTCOMES: KAYAKING, RAFT BUILDING, SNORKLING, TEAM BUILDING ACTIVITIES, FISHING, BEACH SPORTS

ADDITIONAL INFORMATION:

All students must have Hats. Students will require recess and lunch as well as water to last the first day.

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 not need parents to attend camp as our adult to student ratio is covered by Teachers and camp staff.

OUTCOMES:

SELF:-

- Promote a healthy lifestyle
- Build resilience
- Personal responsibility
- Enhance self-confidence and independence through overcoming personal challenge
- Recognise personal strengths within a team/community environment

OTHERS:-

- Develop social and team collaboration skills through group challenges
- Encourage tolerance and respect for individual differences
- Develop leadership and group work skills through group decision making and navigation
- Develop community values

ENVIRONMENT:-

- Gain knowledge about the region
- Visit tourism destinations

SKILLS:- Introduction to and development of:

- Leadership and team skills
- Kayaking skills
- Bike riding skills
- Problem solving and team challenges