



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	Room 9 , 10
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I:

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

NAME OF ACTIVITY	ROAD SAFTEY
REASON FOR AND DESCRIPTION OF ACTIVITY	Curriculum Links/Outcomes The excursions links with the curriculum area of health and physical education: Years 1 and 2 Content Descriptions: Being healthy, safe and active. The descriptions include: Practise strategies they can use when they feel uncomfortable, unsafe or need help with a task, problem or situation (ACPPS017)

at/on:

LOCATION	SAPOL ROAD SAFETY CENTRE						
FROM:	<input type="text"/>	TO:	<input type="text"/>	OR ON:	<input type="text"/> 0 2	<input type="text"/> 0 4	<input type="text"/> 2 0

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: **Road Safety**

YEAR LEVEL: **2**

ROOM (S): **9, 10, 12 & 13**

DESTINATION: **SAPOL Road Safety Centre**

DAY/DATE: **Thursday 2 April (Rooms 9 & 10)**
Friday 3 April (Rooms 12 & 13)

DEPARTURE TIME: **Rooms 9 & 10: 12pm**
Room 12 & 13: 9.30am

RETURN TIME: **Rooms 9 & 10: 3.10pm**
Room 12 & 13: 12.30pm

COST: **\$7.30 GST Free (PAID BY EXCURSION LEVY)** MODE TRANSPORT: **Bus**

TEACHERS INVOLVED: **Vanessa Gentilcore, Natalie Marino, Alana Farina & Peti Foumakis**

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. Students will require recess and lunch as well as water to last the 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 **require at least 6 parents** to assist with supervision. The Department for Education requires all volunteers attending excursions to adhere to the following requirements:

- Attend an onsite Volunteer Induction
- Complete the Volunteer Induction online training
- Complete the Responding to Abuse and Neglect – Education and Care (RAN-EC) 2018-2020 online training
- Obtain a current DCSI child-related employment screening or Working With Children Check

The following documents must be completed and returned to the school front office:

- Volunteer Application Form
- Volunteer Site Induction Checklist
- Volunteer Agreement

Further information regarding the above 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. **Until confirmation of your attendance has been made by the teacher to support the excursion, please do not schedule time off work.**

Please return the attached consent form to the class teacher by 20 March 2020.

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

EAST ADELAIDE SCHOOL – EXCURSION/EVENT
OFFER OF VOLUNTEER SUPERVISION

EXCURSION/ EVENT: **Road Safety**
DATE: **Thursday 2/4/20 (Rooms 9 & 10)**

ROOMS: **9, 10, 12 & 13**
Friday 3/4/20 (Rooms 12 & 13)

NAME of Child _____ Room No _____

- I am able to help with supervision.
- have met the current Department for Education volunteer requirements as outlined above

(Parent/Guardian Name)

(Signature)

Phone Number _____ Date _____