

Consent form for Camps, Excursions, Sporting or Adventure activities

This form applies to all Department for Education settings including schools, preschools, and early childhood services.



Government
of South Australia
Department for Education

Dear Parent/Carer

Clare High School has organised the excursion/camp detailed below. If you would like your child to attend, please complete and return the parental consent form on page 2. You can keep page 1 for your future reference.

If you do not consent to your child participating in this excursion/camp, an alternative plan will need to be negotiated with the site for the duration of the activity.

See [Camps and excursions policy \(education.sa.gov.au\)](https://www.education.sa.gov.au/camps-and-excursions-policy) for more information

Activity information

Excursion or camp: Year 7/8 End of Year Excursion											
Location: Blyth Cinema & Valleys Pool											
From:				To:				Or on:	12	12	2024
Educational purpose of the program and activities to be undertaken: End of Year Celebration MORNING: Year 8 & P75/M7 Blyth Cinema Movie Year 7 Pool (Valley's Lifestyle Centre) AFTERNOON: Year 7 Blyth Cinema Movie Year 8 & P75/M7 Pool (Valley's Lifestyle Centre)											
Clothing or equipment required for the activity (if applicable): CHS Uniform and bathers with t-shirt/rash vest											
Number of supervising staff: 8			Number of adult volunteers:			Number of instructors (if applicable):			Adult to child ratio: 1:15		
Number of children attending: 125											
Costs/payment requirements: No cost for Pool or Movie entry (School will cover)											
Transport arrangements: Transport will occur via Bus											
Site based contact person and contact details: Jenna Guthrie 88422788											
Sleeping arrangements (if applicable):											
Contingency plans (if the excursion is cancelled or altered): Remain at school in site based activities											

To be completed by parent/carer and returned

Health support

Does your child have any health support or medication administration needs that should be considered for this activity? Yes No

If yes, has a care plan/medication agreement been provided to the school/preschool? Yes No

Are there any other matters that may impact your child's safe participation in the above activities? Yes No

Please outline details:

Agreement

- Supervising staff/instructors will use the site's behaviour management processes needed to ensure the safety and wellbeing of all students.
- If there is an accident or illness, supervising staff will provide first aid and call an ambulance if required. The school/preschool will inform me as soon as possible. I will cover all medical expenses for my child, but I can ask the department to pay for ambulance costs if my child does not have private ambulance cover.
- Where appropriate, I have provided updated health information for my child, including any extra support they need.
- The information I have given is accurate. The information provided will be used solely for the purpose of ensuring your child's safety during excursions and will be used in accordance with the Information Privacy Principles Instruction.
- I can ask the school/preschool to provide me with a copy of the risk management plan for this excursion/camp if needed.

Parent/carer consent

I have read and agree with all the information provided and give my consent for my child to attend this activity:	
Name of activity	Year 7/8 End of Year Excursion
Student/child name:	
Parent/Carer:	
Name:	
Signature:	Date:
Phone number:	
Who can we contact in case of an emergency for the duration of this activity :	
Name:	
Relationship to the child/student	
Phone number/s:	