



CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

(Note: that parents/legal guardians includes independent students, see definitions of the camps and excursions procedure)

Requirements in this document must not be altered. Please use block letters when filling out this form

As a parent/legal guardian of:

STUDENT/CHILD'S NAME	
----------------------	--

I:

PARENT/GUARDIAN NAME	
----------------------	--

give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Year 8 Orientation Camp
---	-------------------------

at/on:

LOCATION	Openlight Campsite (Formerly Toc H) Victor Harbor
----------	---

FROM:

0	1
---	---

0	2
---	---

2	1
---	---

 TO:

0	5
---	---

0	2
---	---

2	1
---	---

 OR ON:

--	--	--

Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

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

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school/preschool in the box below.

--

Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

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 understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate 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.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the site.

Signed: _____

Date: / /

Parent/Legal Guardian (in case of emergency)

NAME	
------	--

RELATIONSHIP TO CHILD	
-----------------------	--

TELEPHONE (1)		TELEPHONE (2)		MOBILE	
---------------	--	---------------	--	--------	--

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.



ACTIVITY INFORMATION SHEET

<p>REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES</p>	<p>Students come from many different schools and don't know many class mates. This is a great opportunity to commence building relationships with staff and students and understand the school culture. Activities are group focussed, encouraging team building and confidence development.</p>
<p>TRANSPORT ARRANGEMENTS</p>	<p>Students travel by coach from school to Victor Harbor and return by coach to school the following day.</p>
<p>NUMBER OF STUDENT/CHILDREN ATTENDING</p>	<p>48 Year 8's + 8 Year 11's each rotation</p>
<p>NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING</p>	<p>8 teachers per rotation</p>
<p>FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO</p>	<p>1:7</p>

Year 8 Camp Dietary Information Form

Student Name: attending the Year 8 Camp at Victor Harbor in Term 1 Week 2.

Are there any special dietary requirements?

Is there any specific information about your child which we need to know, and which is not included on the Aquatics Consent form? Please provide details or contact us by phone.
