



CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Updated: 12/19

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	
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I:

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

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Outdoor Education Flinders Trek
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at/on:

LOCATION	Warren Gorge
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FROM:

0	3
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0	6
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2	5
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 TO:

0	5
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0	6
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2	5
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 OR ON:

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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.

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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.
- 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 school.

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.

PLEASE TURN OVER

ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES	Refer to letter
TRANSPORT ARRANGEMENTS	<p>Bus</p> <p>Upon return my young person will</p> <p><input type="checkbox"/> walk home before 3.00pm</p> <p><input type="checkbox"/> be collected before 3.00pm by _____</p> <p><input type="checkbox"/> require supervision until 3:00pm</p>
NUMBER OF STUDENT/CHILDREN ATTENDING	
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	