Government of South Australia
Department for Education and Child Development

ED170
Updated: 05/12

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	

I:

PARENT/GUARDIAN NAME	

give my consent for him/her to participate in:

NAME OF ACTIVITY	Year 8 Camp - PBL Pink Village & Orange Village (C & D) **CAMP 2**
REASON FOR AND DESCRIPTION OF ACTIVITY	Wirreanda Secondary School has in place a range of strategies to assist students to successfully transition and settle into secondary school. As part of our transition program all year 8 students have the opportunity to attend a camp at Woodhouse Activity Centre in Piccadilly, in week 4 of Term 1. All Year 8 students will participate in one of two camps planned in week 4, grouped in their PBL Villages.

at/on:

LOCATION	Woodhouse Activity Centre, 37 Spring Gully Rd, Piccadilly, SA 5151											
FROM:	19		02		20		TO:	21		02		20		OR ON:						

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):	

*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.

The DECD CAMPS & EXCURSIONS GUIDELINES FOR SCHOOLS & PRESCHOOLS is available at:
http://www.decd.sa.gov.au/docs/documents/1/CampsandExcursionsGuide.pdf