



CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY
(Note: that parents/legal guardians includes independent students)

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 _____ [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Year 11 Integrated Learning: Research - Site Visit Monarto Safari Park
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do not give my consent for _____ [name of child] to participate in any religious activities outlined below (if applicable)

at/on:

LOCATION	Monarto Safari Park
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FROM:

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 TO:

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 OR ON:

25	2	2021
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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. 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	
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RELATIONSHIP TO CHILD	
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TELEPHONE (1)	TELEPHONE (2)	MOBILE	
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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.



ACTIVITY INFORMATION SHEET

<p>REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES</p>	<p>During Term 1, Year 11 students complete the Integrated Learning: Research course, which exposes them to all the fundamental skills required for both the Research Project and a number of Stage 1 and 2 subjects. As such, all Year 11 students will be participating in a Site Visit to Monarto Safari Park to engage in primary research processes, including collecting observational data and interviewing park staff. Attendance and participation is compulsory, as the excursion forms the basis of the assessment tasks required for course completion.</p>
<p>TRANSPORT ARRANGEMENTS</p>	<p>Private Coach from Wirreanda Secondary School to Monarto Safari Park.</p>
<p>NUMBER OF STUDENT/CHILDREN ATTENDING</p>	<p>approx 140</p>
<p>NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING</p>	<p>6-8</p>
<p>FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO</p>	<p>15:1</p>