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.



test faf

Students

A	4.4			
Activ	/Itv	into	rmat	ion

Activity information											
Excursion or camp: Years 7 - 10) Come in Day										
Locat on: Open Access College, 1-37 Marden Road, Marden SA 5070											
From:	To:				Or on:	02	12	2024			
Educat onal purpose of the pro	ogram and act v	it es to be	undertak	en:							
Students from Years 7 - 10 das several learning areas, includir		0 0		n and	pe i	n	ie of A	t			
The Comeviil Dasy is avect be continuity to participate tim consent of the session in Plicase 20024, integrating this consent form, you are consent ng to your student part cipating in this activity if they wish.											
Time: 8:45am - 2:30pm											
Clothing or equipment require	d for the act vit	ly (if annlic	ahle)·								
Clothing or equipment required for the act vity (if applicable):											
Students are asked to bring a h	nat and water b	ot le, lund	n/snacks f	or the day	y, and we	ear enclose	ed shoes.				
Number of supervising sta:	Number of ad			ofinstru		Adult to c	hild rat o:	1:15			
Minimum 6 per session	volunteers N	⁄A	(if appli	cable): N/	Α						
Number of children at ending:	80										
Costs/payment requirements: N/A											
Transport arrangements (including departure/arrival t mes):											
Students to organise their own transport to and from the Open Access College Marden campus.											
Students to arrive at 8.45am a their way to the Hall for a 9.00 at 2.30pm.											
Site based contact person and	contact details	:									
Ruby Easthope-Swan											
8309 3555 ruby.easthopeswan650@ school	ols.sa.edu.au										
Seeping arrangements (if appl											
Contingency plans (if the excursion is cancelled or altered):											
In the event of a cancellat on, students will at end their scheduled online lessons as normal.											

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 Yes No for this activity?

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^a b