



CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

(Note: that parents 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 of:

STUDENT/CHILD'S NAME	
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I:

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

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	GooRoo Animation (Claymation) workshop
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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	Rose Park Primary School, 54 Alexandra Avenue, Rose Park
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FROM: TO: OR ON: 0 8 1 0 2 1

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.

Parent Signed: _____ Homestay Signed: _____ Date: _____

Parent (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

(Note: for a series of activities that take place on a regular basis (including regular outings), list all individual activities, dates, locations, cost, transport, supervision arrangements and start and dismissal times)

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED AND PROGRAMS PLANNED FOR STUDENTS UNABLE TO ATTEND	GooRoo's Animation (Claymation) workshop will provide primary aged international students and their parents with the opportunity to create their own animated movie. They will design and sculpt characters from plasticine, then bring them to life using the app Stop Motion Studio. The finished videos will be screened to the group and uploaded to YouTube via the GooRoo Animation Workshop's channel to be shared with friends and family.
TRANSPORT ARRANGEMENTS – INCLUDING DESCRIPTION OF DESTINATION AND PICK UP LOCATION, METHOD, MEANS AND ANY SPECIFIC REQUIREMENTS FOR SEATBELTS OR SAFETY RESTRAINTS	12.45pm Parents and students will arrive at Rose Park Primary School Front Office and check in (scan QR code) 1.00pm – 4.00pm GooRoo's Claymation Workshop 4.00pm Parents and students will depart Rose Park Primary School Parents are responsible for organising transport to and from this event.
SLEEPING ARRANGEMENTS (WHERE APPLICABLE)	N/A
NUMBER OF STUDENT/CHILDREN ATTENDING	16 students
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	1 registered teacher 1 GooRoo Animation instructor Primary aged students will be accompanied by their parent/s
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	1 adult to 8 students
COSTS – INCLUDING DETAILS OF ANY FINANCIAL ASSISTANCE AVAILABLE	The Claymation workshop will be provided free of charge for Full Fee-Paying international students and their parents.
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	The excursion will be postponed or cancelled if deemed necessary (e.g. COVID-19 restrictions)
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	Darryl Carter 82267523, 0419 903 372