

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:

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| STUDENT/CHILD'S NAME | |
|----------------------|--|

I:

| | |
|-------------|--|
| PARENT NAME | |
|-------------|--|

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

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|---|---|
| NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY | Intercultural Sports Day, 9.30am – 3.00pm |
|---|---|

do not give my consent for [name of child] to participate in any religious activities outlined below (if applicable)

at/on:

| | |
|----------|--|
| LOCATION | Brighton Secondary School 305 Brighton Road, NORTH BRIGHTON |
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FROM: TO: OR ON: 0 5 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 | |
|-----------------------|--|

| | | | | | |
|---------------|--|---------------|--|--------|--|
| 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

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| REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES | Intercultural Sports Day A detailed program and map of the school will be provided in Week 10, Term 3 (prior to the event) A subway lunch and drinks will be provided. Fruit will be available for consumption throughout the day. |
| TRANSPORT ARRANGEMENTS | Students are welcome to arrange their own transport to and from Brighton Secondary School. However, there will be a bus made available to transport students to and from the Intercultural Sports Day. (departing International Education Services, 31 Flinders Street, Adelaide at 8.45am and returning approximately 3.30pm) Please indicate your planned transport arrangements below. <u>TRANSPORT ARRANGEMENTS</u> will arrange his/her own transport to and from Brighton Secondary School on Tuesday 5 October, 2021. I give permission for to travel to and from Brighton Secondary School on a private bus departing International Education Services (IES) at 8.45am and returning to IES at approximately 3.30pm. Parents/Homestay Name: Signature: |
| NUMBER OF STUDENT/CHILDREN ATTENDING | 180-200 students |
| NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING | 7 registered teachers 7 IES staff |
| FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO | 1 adult to 15 students |