



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	STEM Innovation Lab (Virtual Reality Experience)
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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	Lumination, 100 King William Street, Kent Town
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FROM: TO: OR ON: 2 7 0 9 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	International students and their parents will have the opportunity to visit Lumination, a Virtual Reality Experience business in South Australia. At Lumination students will be able to swim with sharks, visit the International Space station, play games with their friends in the Amazonian forests - the experiences are endless! Check out the Virtual Reality Innovation space by clicking on this link
TRANSPORT ARRANGEMENTS – INCLUDING DESCRIPTION OF DESTINATION AND PICK UP LOCATION, METHOD, MEANS AND ANY SPECIFIC REQUIREMENTS FOR SEATBELTS OR SAFETY RESTRAINTS	12.45pm Primary aged students and parents arrive at Lumination, 100 King William Street, Kent Town 1.00pm – 4.00pm STEM Innovation Lab (Virtual Reality Experience) 4.00pm Primary aged students and parents depart Parents are responsible for arranging their own transport to and from Lumination, 100 King William Street, Kent Town.
SLEEPING ARRANGEMENTS (WHERE APPLICABLE)	N/A
NUMBER OF STUDENT/CHILDREN ATTENDING	18 students (accompanied by their parents)
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	1 registered teacher 1 STEM Innovation Lab instructor Parents of primary students
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	1 adult to 9 students Please note: Primary aged students must be accompanied by their parents
COSTS – INCLUDING DETAILS OF ANY FINANCIAL ASSISTANCE AVAILABLE	The STEM Innovation Lab (Virtual Reality Experience) program 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