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Yorke Area School

SCHOOL COPY – TO BE RETURNED

ED170
 Updated: 12/19

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

(Note: that parents/legal guardians 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/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	
---	--

at/on:

LOCATION	
----------	--

FROM:

--	--	--

 TO:

--	--	--

 OR ON:

--	--	--

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.



Government of South Australia
 Department for Education



MEDICAL INFORMATION SHEET FOR CAMPS & EXCURSIONS

Student's Name _____ Medical Alert Number _____

Address _____

Phone: Home _____ Mobile _____ Emergency _____

Does your child have a health care need that may impact on his/her participation and/or safety?

If YES, use the boxes below to indicate your child's health care needs.

Health Conditions/Medications	Child has this condition	Care plan provided to school	Additional Information
Medications	YES/NO	YES/NO	
Anaphylaxis/Severe Allergies	YES/NO	YES/NO	
Asthma	YES/NO	YES/NO	
Diabetes	YES/NO	YES/NO	
Epilepsy	YES/NO	YES/NO	
Heart Problems	YES/NO	YES/NO	
Phobias (Confined Spaces/Heights)	YES/NO	YES/NO	
Respiratory Problems	YES/NO	YES/NO	
Other Relevant Conditions	YES/NO	YES/NO	

The department's health support guidelines require that a care plan is provided if your child requires health interventions while in the care of education staff. These care plans are signed by your child's treating health professional and detail health care procedures and/or emergency responses. You may have already provided the school with care plans (e.g. diabetes, epilepsy, asthma) for care during school hours. Staff supervising this camp will use the medical information (care plans and medication authorities) you have already provided so please check that these plans cover the care needed for camps/overnight stays. For example, some camps may involve additional physical activity. Please contact the teacher-in-charge as soon as possible if you think your child may need health care support in addition to that already provided during school hours. Teachers need sufficient time to arrange extra assistance for health support

A medication authority is needed for all medications administered - including those self-administered by your child. Staff will determine if it is safe for medication to be carried by your child or stored in a secure accessible place.

Care plans are available from the school or www.chess.sa.edu.au >A-Z Health Index > Forms for health professionals.

ADDITIONAL INFORMATION (e.g. restrictions on participation in activities)

.....
Parent / Caregiver name

.....
Parent / Caregiver signature

.....
Date



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COPY FOR YOUR INFORMATION

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NAME	
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ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES	
TRANSPORT ARRANGEMENTS	
NUMBER OF STUDENT/CHILDREN ATTENDING	
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	

