## **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

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| **Dear parent/carer**  <Site name> has organised the excursion/camp detailed below. If you would like your child to attend, please complete and return the parental consent form on page 2. You can keep page 1 for your future reference.  If your child is unable to participate in this excursion/camp then an alternative plan, for the duration of the activity, will be negotiated and arranged by the site.  See [Camps and excursions policy (education.sa.gov.au)](https://www.education.sa.gov.au/policies/shared/camps-and-excursions-policy.pdf) for more information.  *Please use this space to enter a description of any contextual details for the excursion/camp. If you are attaching a cover letter instead, you can delete this text box.* |

**Activity information**

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| Excursion or camp: Festival of Music combined rehearsal (Offsite) and Concert Day | | | | | | | | | | | | | | |
| Location: Adelaide Entertainment Centre Theatre, Port Road, Hindmarsh  Adelaide Entertainment Centre Arena, Port Rd, Hindmarsh | | | | | | | | | | | | | | |
| From: |  |  | |  | To: |  | |  |  | Or on: | |  |  |  |
| Educational purpose of the program and activities to be undertaken:  First combined rehearsal with festival conductors, orchestra and other schools performing on the same night.  Concert Day rehearsal and performance. | | | | | | | | | | | | | | |
| Clothing or equipment required for the activity (if applicable):  School uniform | | | | | | | | | | | | | | |
| Number of supervising staff: | | | Number of adult volunteers: | | | | Number of instructors (if applicable): | | | | Adult to child ratio:  1:10 | | | |
| Number of children attending: | | | | | | | | | | | | | | |
| Costs/payment requirements: | | | | | | | | | | | | | | |
| Transport arrangements (including departure/arrival times): | | | | | | | | | | | | | | |
| Site based contact person and contact details: | | | | | | | | | | | | | | |
| Sleeping arrangements (if applicable): | | | | | | | | | | | | | | |
| Contingency plans (if the excursion is cancelled or altered):  No contingency if cancelled. | | | | | | | | | | | | | | |

**To be completed by parent/carer and returned**

**Health support**

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| Does your child have any health support or medication administration needs that should be considered for this activity? | Yes | No |
| 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 participation in the above activities? | Yes | No |

Please outline details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Supervising staff/instructors will use the site’s behaviour management processes needed to ensure the safety and wellbeing of all students.
* If there is an accident or illness, supervising staff will provide first aid and call an ambulance if required. The school/preschool will inform me as soon as possible. I will cover all medical expenses for my child, but I can ask the department to pay for ambulance costs if my child does not have private ambulance cover.
* Where appropriate, I have provided updated health information for my child, including any extra support they need.
* The information I have given is accurate. The information provided will be used solely for the purpose of ensuring your child’s safety during excursions and will be used in accordance with the Information Privacy Principles Instruction.
* I can ask the school/preschool to provide me with a copy of the risk management plan for this excursion/camp if needed.

**Parent/carer consent**

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| --- | --- | --- | --- |
| I have read and agree with all the information provided and give my consent for my child to attend this activity: | | | |
| Name of activity | Festival of Music offsite rehearsal and Concert Day at the Adelaide Entertainment Centre | | |
| Student/child name: |  | | |
| Parent/Carer: | | | |
| Name: |  | | |
| Signature: |  | | Date: |
| Phone number: |  | | |
| Who can we contact in case of an emergency for the duration of this activity: | | | |
| Name: |  | | |
| Relationship to the child/student |  | | |
| Phone number/s: |  |  | |