**CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY.**

**Ardtornish Primary School** Saarinen Ave. St Agnes. Phone: 8264 8099A close up of a sign

Description automatically generated

**(Note: that parents includes independent students, see definitions of the camps and excursions procedure)** ED170 (12/19)

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 |  |

**I:**

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

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

|  |  |
| --- | --- |
| NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY | Festival of Music rehearsal (Friday 18/8/2023) and concert day (Thursday 14/9/2023)  Friday 18/8 is travel by private cars and 14/9 is travel by chartered bus. |

**at/on:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LOCATION | | | Magic Millions Pavilion & Festival Theatre | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | ON: | 18 | | | 08 | | 2023 | | AND: | 14 | | 09 | | 2023 | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |

**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 back of this sheet.

## 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.

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| Signed: |  | Date:            /            / |

**Parent /Legal Guardian (in case of emergency)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | |  | | | | | |
|  | | | | | | | |
| RELATIONSHIP TO CHILD | |  | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| TELEPHONE (1) |  | | TELEPHONE (2) | |  | MOBILE |  |
| **Student Medic Alert Number (If applicable):** | | | |  | | | |

\*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.

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| **ACTIVITY INFORMATION SHEET** | | | | |
| **VENUE and SITE CONTACT DETAILS** | | | | |
| Magic Millions Pavilion – 1 Park Tce, Plympton Park  Adelaide Festival centre, King William St Adelaide | | | | |
| **REASON FOR and DESCRIPTION of PLANNED ACTIVITIES including the need for SPECIALISED CLOTHING or EQUIPMENT** | | | | |
| Festival of Music Rehearsals and Concert Day  **Rehearsal #1 at Magic Millions** – Friday August 18 – School Uniform, bring hat, water, recess and lunch  **Concert Day at Adelaide Festival Centre** - Thursday September 14 – Performance clothes, school jumper/jacket/snacks/water/food for dinner if not pre ordered. | | | | |
| **ITINERARY** | | | | |
| **18/08/2023 – Magic Millions Rehearsal**  Depart APS @ 8:50am (Private cars)  Rehearse from 9:30am – 1;30pm (snack on arrival/break for lunch)  Depart for return about 1:45pm  **14/09/2023 – Concert Day – Adelaide Festival Centre**  Depart APS (chartered bus) @ 11:30am  Lunch on arrival  Rehearse  Dinner break  Concert  Dismiss to parents about 9:30pm (after the concert) | | | | |
| **TRANSPORT ARRANGEMENTS** | | | | |
| 18/8 – Private Cars  14/9 – Chartered bus (Grant’s Coachlines) $3 per student (part cost already paid in Choir fee) | | | | |
| **FACILITIES AVAILABLE including SLEEPING ACCOMMODATION** | | | | |
| N/A | | | | |
| **PROGRAM PLANNED FOR STUDENTS NOT ATTENDING** | | | | |
| In class as usual | | | | |
| **PAYMENT IS DUE BY**: Monday September 11  Alternative payment methods and/or financial assistance can be arranged by contacting the Principal or school Finance Officer. | Number of students attending | Number of supervising teachers, instructors and adults attending | The educator to child ratio is | My child can sleep on a top bunk  (if applicable)  Yes  No  |
| COST $3 |  |  |  |