# Proforma camps and excursions Parent/Carer consent form

**[Text highlighted in green is instructional only and should be deleted from the final document]**

**Parent/Carer Excursion/Camp [delete either excursion or camp as applicable] Consent**

To obtain effective consent, schools need to provide sufficient information to parents about the nature of the proposed activities. Parents must be able to give informed consent to their child’s participation in the excursion after considering the risks. Specific information about the excursion should be included here or provided as an attachment. Parents should also be given the opportunity to ask questions.

**Name of school:**

**Title of excursion/camp:**

**Educational purpose of the program:**

What do you hope the students will learn from the experience?

**Details of supervising staff:**

Name all staff and indicate who the teacher-in-charge is.

**Costs:**

If activity is required to meet curriculum outcomes:

Parents are invited to make a voluntary Curriculum Contribution of $XX towards the cost of the activity.

Students will not be disadvantaged from participating in the activity if a contribution is not made.

If activity is provided on a user-pays basis and categorised in Extra-Curricular Items and Activities:

The cost of the activity is $xx per student.

Payment is to be received by DD/MM/YYYY to secure your child’s attendance at this activity.

For a confidential discussion about financial support options, or if you would like to discuss alternative payment arrangements, please contact: [schools nominated parent payment contact person]

Ph: 03 *[phone number]* | Email: *[email address]*

**Refunds**[NOTE: please ensure the following content is consistent with any other information the school has on refunds, such as your Parent Payment Arrangements]Suggested: Where a student is unable to attend any or all of the excursion, parent requests for refunds will be determined on a case-by-case basis, taking into consideration whether or not a non-refundable cost has already been incurred by the school, the Department’s Parent Payment Policy, Financial Help for Families Policy and any other relevant information.

**Name and contact details of the 24-hour school emergency contact:**

This is for parents who need to contact students during the program. You can list more than one contact.

**Departure details**

Include the time, date and place where students depart for the excursion.

**Return details**

Include the time, date and place where students return from the excursion.

**Distance from expert medical care:**

How far the students will be away from expert medical care (eg. hospital or ambulance)?

**Accommodation arrangements:**

Type of accommodation eg. campsite, tents, caravan park etc

**Travel arrangements:**

How will students be transported to, during and from the program?

**Adventure activities to be undertaken or that may be offered to students throughout the program:**

List proposed activities as well as any alternative or back-up activities planned.

**Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program.**

**A risk management plan for this program has been developed by staff and is available for parents to review on request.**

**Attachments**

**[ ]** Daily itinerary

[ ]  Group equipment list (if relevant)

[ ]  Clothing list

[ ]  Medical form

[ ]  Further location descriptions (if applicable)

**Swimming ability**  Note: Schools can delete this section if there will be no swimming or water based activities on the camp/excursion

*Please tick the distance your child can swim comfortably*.

🞎 **Beginner swimmer** – little or no experience including in shallow water.

🞎 **Intermediate swimmer** – basic skills, able to swim 25 metres with a recognisable stroke.

🞎 **Advanced swimmer** – able to swim 50 to 100 metres using two recognisable strokes and to demonstrate one survival stroke in deep water.

**Student behaviour**

‘I understand that in the event of my child’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.’

**Student illness**

‘I understand that in the event excursion staff determine it is necessary for my child to be sent home early due to illness, any cost associated with his/her return will be my responsibility.’

**Cancellations or Alterations**

‘I understand that the principal may need to cancel or alter excursion arrangements at short notice, for safety reasons or due to circumstances beyond the control of the school, and while the principal will try to minimise inconvenience or financial losses to parents, these may be unavoidable.’

**Student accident insurance and ambulance cover**

The Department of Education does not provide student accident insurance or ambulance cover. Parents may wish to obtain student accident insurance from a commercial insurer and/or ambulance cover, depending on their health insurance arrangements and any other personal considerations.

**Parent/Carer consent**

I have read all of the above information provided by the school in relation to the [insert program name here], including any attached material.

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) to attend.

Parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_ (date)

In case of emergency I can be contacted on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** For excursions involving adventure activities and all camps, parents/carers should also complete the relevant ‘Medical Information Form’’