



Our Lady of The Visitation Catholic School

Preschool – Year 6

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

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

I:

PARENT/GUARDIAN NAME

give my consent for my child to participate in:

NAME OF
CAMP/EXCURSION/SPORTING
OR ADVENTURE ACTIVITY

1. ICA Sportworx Stepney

11/07/2025 ☐

2. Sempahore Odeon Cinemas

15/07/2025 ☐

at/on:

LOCATION

VACATION CARE AS PER DETAILS ON PROGRAM

FROM:

0 7 0 7 2 5

TO:

1 8 0 7 2 5

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.

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.
- 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 school.

Signed:

Date:

/ /

Parent/Legal Guardian (in case of emergency)

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions

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.

ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES	<ol style="list-style-type: none"> Excursion to ICA Sportworx Stepney for indoor sports activities. Excursion to Semaphore Odeon Theatre to watch a movie.
TRANSPORT ARRANGEMENTS	<ol style="list-style-type: none"> Travel by Buses-R-Us to ICA Sportworx Stepney at 9:00am and return to OLV School at approximately 3:00pm. Travel by Buses-R-Us to Semaphore ODEON Theatre, Semaphore Road, SEMAPHORE AT 9.15am and return to OLV School at approximately 12:00 pm.
NUMBER OF STUDENT/CHILDREN ATTENDING	Max Number children 80
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	According to ratios as set out below
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	1:8