Parent Camp Consent

Name of school: Gladesville Primary School

Title of excursion: Level 4 – Sovereign Hill Camp

Educational Purpose of the Program

Health & Physical Education
· Movement & Physical Activity

Interpersonal Development
· Building Social Relationships
· Working in Teams

Civics & Citizenship
· Community Engagement

Details of Supervising Staff

Miss Tracy Johnson – Teacher in Charge
Mr Jordan Tate
Mrs Elizabeth Thomas
Mrs Loretta Hochkins

Costs:
$320 (to be received prior to camp)

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

Tracy Johnson (24 Hours) 03 9728 1877
Camp Allambee On-Site Phone: 03 5337 1100

Melanie Farley (School Hours)
Gladesville Primary School: 03 9728 1877

Departure Details
Tuesday 7th October
8.00am
Gladesville Primary School
Gladesville Drive, Kilsyth Victoria

Return Details
Friday 10th October
6.00 – 6.30pm approx. (traffic)
Gladesville Primary School
Gladesville Drive, Kilsyth Victoria

Distance From Expert Medical Care
Ballarat Health Services Drummond
St John of God Hospital Drummond St Ballarat

Accommodation Arrangements
School Camp Accommodation (gender dorms)

Travel Arrangements
Seat Belted Bus

Adventure activities to be undertaken or that may be offered to students throughout the program:
Blood on the Southern Cross, Visit to Sovereign Hill, gold panning, mine tour, candle making, attendance at Historical school setting
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.

On site first aide.
Transfer to Ballarat Health Services or Hospital (parents notified).

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

Attachments
What to bring list
Medical form

Student behaviour
'I understand that in the event of my son’s/daughter’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.'

Consent for emergency transportation
'In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.'

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

Parent consent
I have read all of the above information provided by the school in relation to the Level 4 Sovereign Hill Camp, including any attached material.
I give permission for my daughter/son ____________________________________________ (full name) to attend.

Parent/guardian: ____________________________________________ (full name)

_________________________________________ (signature) _____________ (date)

In case of emergency I can be contacted on:

____________________________ OR:

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