Purpose:
To provide students with experiences beyond the classroom that extend, reinforce, enrich and enhance their academic, cultural, physical and social development. Excursions are an integral part of the school curriculum.

Aims:
* To broaden students’ understandings of their own and others’ environments
* To complement class work and meet identified needs
* To supplement and support the school’s learning programs
* To provide opportunities for students to develop interpersonal and self reliance skills
* To provide visits for primary children to appropriate places involving overnight stay.

Implementation:

✓ Plan for a cycle of experiences K-6

✓ All excursions must have the Principal’s approval and follow DET requirements. (See Attachment A) Principal will assess a number of factors in determining the level and type of supervision which needs to be provided during a particular activity. Aspects considered in this assessment are:
  o nature and location of the activity (prior inspection of the location may be required to identify potential dangers)
  o number of students involved
  o age and maturity of students
  o qualifications and experience of the adult supervisors.

✓ In general, the teacher-to-student ratio for activities should not exceed 1:30. However, a significant number of sporting activities, particularly aquatic and outdoor recreation activities, have specific teacher/instructor-to-student ratios. At the discretion of the principal, the number of supervising teachers may be greater than in the stated ratio because of:
  o the age, experience or capabilities of the students
  o maturity of the participants
  o the combined experience or expertise of the staff
  o the nature of the area in which the activity is to be conducted
  o the nature of the activity
  o method of travel
  o experience and qualifications of the adult supervisors.

✓ Any overnight excursion or any excursion which involves students being near water must have at least one teacher holding current CPR and Emergency Care qualifications.

✓ A teacher with an Emergency Care Certificate must accompany students on all excursions.

✓ No student can be excluded for financial reasons – refer to Student Assistance Scheme (Attachment F).
Prior to an excursion there should be adequate communication between the principal, parents, staff and students. This must be in a written form to parents. (see Attachment B or C) Parents must be given at least two weeks’ notice of any major/whole school excursion. Camps or other overnight excursions should be flagged at the beginning of the year and at least one term’s notice should be given. Small group activities require at least 1 week’s notice (eg: chess, debating)

A medical information sheet (see Attachments D or E) should be attached to the excursion information form. D is for day excursions, E is for overnight excursions.

Permission notes and payment for day excursions must be received by the day BEFORE the excursion. Reminder phone calls will not be made.

Permission notes and payment for overnight excursions must be received a week BEFORE the excursion. Reminder phone calls will not be made.

Copies of all communications should be sighted and approved by the Principal.

The teacher-in-charge of the excursion and/or outdoor activity has responsibility and authority while the activity is in progress.

Participating staff on excursions will need to have levels of first-aid training appropriate to the proposed activity, location and any student disabilities.

Adequate and appropriate first-aid kits must be available during/at/on the activity.

Overnight activities should be accompanied by a more detailed letter and/or an information session.

Water activities require a specific approval form (see Attachment C).

The teacher-in-charge of the excursion will ensure there is a mobile phone taken on the excursion and that the school has details of this number.

Any variations to the necessary plan will be recorded.

A Risk Assessment must be completed for all major excursions. (see Attachment G) For guidelines on completing a Risk Assessment see Attachment H.

The behaviour of students will be taken into account when giving permission for attendance at any/all excursions as per BAPS Student Welfare Policy.

Evaluation:

* Evaluation may be carried out after each excursion by students, staff and parents to ensure effectiveness of outcomes.

Memorandum: DSE Boston 1994 and 1996
Guidelines for the Safe Conduct of Sport and Physical Activity in Schools 1999
2004 updates
DET Excursion Policy
BROOKE AVENUE PUBLIC SCHOOL
Excursion Flowchart

FOUR TO SIX WEEKS PRIOR TO THE EXCURSION

☐ Coordinating teacher creates file with excursion flowchart and planner.
☐ Coordinating teacher gathers details of rationale, estimated costs, expected numbers attending, dates, venue etc.
☐ Risk Assessment completed.
☐ Plan to Principal for approval.

NO LATER THAN THREE WEEKS PRIOR TO THE EXCURSION

☐ Coordinating teacher – finalises costing (include workbooks, photography, travel, entry fees, catering, incidentals).
☐ Confirm dates, travel, supervision, permission notes and parent involvement.
☐ Information to Principal.
☐ Note to parents – information/permission – include details of supervision, travel, times, dates, costs, rationale, arrangements for special needs [medication, access, diet], arrangements for non-attenders, method of communication if cancellation is necessary, requirements for child to bring. Ensure final date for payment is IN BOLD on this note. No extensions without permission of Principal.
☐ Coordinate receipting with office staff.
☐ Notify canteen.

DURING THE WEEK PRIOR TO THE EXCURSION

☐ Coordinating teacher – finalise numbers, bookings, times, transport organisation.
☐ Permission notes checked. Medical lists created.
☐ Medical notes checked. (Advise accommodation of any allergies, specific needs).
☐ Notify itinerant staff if applicable.

ONE DAY PRIOR TO THE EXCURSION

☐ Coordinating teacher – cheques, playground duty (swaps if necessary), first aid box, mobile phone, work for non-attenders prepared and supervision arranged.
☐ Office staff with co-ordinating teacher – rolls including that of students not attending.
☐ Write reminder in staff communication book.

ON THE DAY OF THE EXCURSION

☐ Rolls marked.
☐ Take first aid box, medical forms and necessary equipment.

THE DAY AFTER THE EXCURSION

☐ Coordinating teacher – evaluation form, receipts to office, refunds …
## Excursion Planner

<table>
<thead>
<tr>
<th>NAME of EXCURSION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COORDINATING TEACHER</td>
<td></td>
</tr>
<tr>
<td>YEAR/STAGE AND ANTIPIATED NUMBERS</td>
<td></td>
</tr>
<tr>
<td>KLA CORRELATION</td>
<td></td>
</tr>
<tr>
<td>DESTINATION &amp; DATE</td>
<td></td>
</tr>
<tr>
<td>Departing School at:</td>
<td></td>
</tr>
<tr>
<td>Arriving back at School at:</td>
<td></td>
</tr>
<tr>
<td>Staff with CPR</td>
<td></td>
</tr>
<tr>
<td>Staff with Emergency Care</td>
<td></td>
</tr>
</tbody>
</table>

### TRAVEL QUOTES:

<table>
<thead>
<tr>
<th>Are seatbelts required?</th>
<th>Y/N</th>
<th>Quote accepted from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Bus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ph: 43328655 fax: 43321512</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kulnura</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ph: 43241277 fax: 43254677</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palmers/Road Runner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ph: 43539050 fax: 43932910</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Busways</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ph: 43926666 fax: 43925831</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Confirmation of Coach Booking: (Date, booked with, etc)

### OTHER EXPENSES

| COST PER CHILD |  |
| ACCOMPANYING TEACHERS |  |
| ACCOMPANYING PARENTS Rego & Licence & Working with Ch’n Check |  |
| ANY OTHER BOOKINGS CONFIRMED |  |
| PRINCIPAL’S APPROVAL |  |
| PERMISSION NOTES ISSUED |  |
| ARRANGEMENTS FINALISED |  |
| PERMISSION NOTES RECEIVED |  |
| PREPARATORY TEACHING/LEARNING |  |
| FOLLOW-UP TEACHING/LEARNING |  |
Please attach to this plan all documents associated with the excursion, including any worksheets or other learning materials prepared for the excursion.
Brooke Avenue Public School  
Brooke Avenue KILLARNEY VALE 2261  
Telephone: 02 43331022  Fax: 02 43326570

PARENT/CAREGIVER EXCURSION INFORMATION  
AND CONSENT FORM

Dear Parents/Caregivers,

Your child __________________________ has the opportunity to participate in ____________________________
on _____________________________. The cost of the activity is $ _________.

Your child will depart from __________________________ at ____________

and return to school by ____________________________  

Venue___________________________  

Travel will be by _____________________________.  

The group will be supervised by: ____________________________

Additional Information

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Organising Teacher ____________________________

CONSENT FORM

I hereby give consent for ____________________________ of class ____________ to participate in the activity of ____________________________ on __________________________ (date). Special needs of my child of which you should be aware (e.g., allergies, medication – full details please).

______________________________________________________________________________

Signed: ____________________________ (Parent/Carer) Date ____________

Please return this form with money in sealed envelope to school by ____________________________. (Money and notes cannot be accepted after this date).
Attachment C

WATER ACTIVITIES/SWIMMING
INFORMATION AND CONSENT FORM

Dear Parent/Caregiver,

Your child _____________  will be going on an excursion to __________________________
(Place)
on __________________________ to __________________________ .
(Date)  (Date)
This excursion is ____________________________________________________________
The cost of the excursion is __________________________________________________
The excursion will depart from school at _______________ and return to school at ________________
Travel will be by _____________________________________________________________
The group will be supervised by _________________________________________________
Additional information _________________________________________________________
The excursion will involve the following water or swimming activities:
_____________________________________________________________________
The school will provide the following flotation devices to students who may require assistance in
the water:
_____________________________________________________________________
Teacher in charge of the excursion _____________________________________________
Please complete the following details and return, with money in a sealed and labelled envelope to
the school office by: ______________

I hereby consent to __________________________ of class _______ participating in an
(Student’s name)
excursion to __________________________ on _______________________.

In relation to the proposed water or swimming activities, I advise that my child is a
☐ strong swimmer (more than 50m)
☐ average swimmer
☐ poor swimmer (less than 25m)
☐ non-swimmer
I give/do not give permission for my child to participate in the water/swimming activities.
I advise that my child requires the following flotation device to assist him/her in the water:
_____________________________________________________________________
I undertake to provide this device so that my child can participate in the excursion.

(Signature of parent/carer) ________________________________  (Date) ___________________________
DAY EXCURSION MEDICAL INFORMATION SHEET

Excursion to: ______________________________________________

Child’s Name: ___________________________________________ Date of Birth __________________

1. **Contacts:** Parent Name: ______________________________________

Address: __________________________________________________________________

Telephones: _________________________________________________________

2. **Other emergency contact name:** ____________________________ Phone: ____________

3. Please TICK any **medical conditions/allergies** your child may suffer from (even if mild):

<table>
<thead>
<tr>
<th>ALLERGY/CONDITION</th>
<th>YES/NO</th>
<th>ALLERGY/CONDITION</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhesive tape</td>
<td></td>
<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td>Ear problems</td>
<td></td>
</tr>
<tr>
<td>Band aids</td>
<td></td>
<td>Eye problems</td>
<td></td>
</tr>
<tr>
<td>Back problems</td>
<td></td>
<td>Fainting</td>
<td></td>
</tr>
<tr>
<td>Bee stings</td>
<td></td>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>Bleeder</td>
<td></td>
<td>Heat rash</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td>Nose bleeds</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>Other/Notes</td>
<td></td>
</tr>
</tbody>
</table>

4. Does your child suffer from any **food allergies?**

5. Does your child suffer from **travel sickness?**: Yes/ No (If yes, please provide appropriate medication)

6. **Medications:** Please list all medications your child will need to take on the excursion:

   ________________________ Dose: ____________ When: __________

   ________________________ Dose: ____________ When: __________

7. What is your child’s **Medicare Number**? __________________________

8. If you are not in a private medical fund, do you subscribe to **Ambulance Fund?** Yes/ No

9. Has your child had any **illness/injury/medical procedures** in past 12 months? Yes/ No

   Details: __________________________________________________________________

10. **Parent/Guardian Consent:**

    a. In the event of illness or accident, I give permission to the accompanying teacher(s) to seek medical and/or ambulance attention on behalf of my child. I undertake to pay medical fees and/or costs of drugs which may be incurred while my child is on the excursion.

    b. In the event of a headache, my child may be given ________________________.

    c. I understand that in the event of poor/unsuitable behaviour by my child, he/she may be withdrawn from any/ some of the activities or sent home.

**Parent/Caregiver Name:** _____________________ Signature: ___________________
OVERNIGHT EXCURSION MEDICAL INFORMATION SHEET

Excursion to: ________________________________________________________________

Child’s Name: ______________________________________________________________

In order that the supervising teacher(s) are fully equipped to ensure that your child is afforded the utmost attention and consideration at all times, we ask you to supply the following information, which will remain confidential.

1. **Contacts:** For urgent parent contact while away: Preferred telephone: ____________

2. Name: _________________________________________________________________

3. Address: __________________________________________________________________

4. Telephones: __________________________________________________________________

5. **Other emergency contact name:** ___________________________ Phone: ____________

6. **Name of family doctor:** ___________________________ Phone: ____________

7. Approx. date of **last Tetanus injection:** ___________________________

8. Approx. date of last **Combined Diphtheria Tetanus Toxoid booster injection:** ____________

9. Approx. date of **last measles immunisation:** ___________________________

10. Please TICK any **medical conditions/allergies** your child may suffer from (no matter how slight a possibility):

<table>
<thead>
<tr>
<th>ALLERGY/CONDITION</th>
<th>YES/NO</th>
<th>ALLERGY/CONDITION</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhesive tape</td>
<td></td>
<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td>Ear problems</td>
<td></td>
</tr>
<tr>
<td>Band aids</td>
<td></td>
<td>Eye problems</td>
<td></td>
</tr>
<tr>
<td>Back problems</td>
<td></td>
<td>Eczema</td>
<td></td>
</tr>
<tr>
<td>Bee stings</td>
<td></td>
<td>Fainting</td>
<td></td>
</tr>
<tr>
<td>Bleeder</td>
<td></td>
<td>Green ant bite</td>
<td></td>
</tr>
<tr>
<td>Boils</td>
<td></td>
<td>Hay fever</td>
<td></td>
</tr>
<tr>
<td>Congestion</td>
<td></td>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>Cold sores</td>
<td></td>
<td>Heat rash</td>
<td></td>
</tr>
<tr>
<td>Coughs</td>
<td></td>
<td>Hives</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td>Medications(list)</td>
<td></td>
</tr>
<tr>
<td>Cramps</td>
<td></td>
<td>Nose bleeds</td>
<td></td>
</tr>
<tr>
<td>Dermatitis</td>
<td></td>
<td>Sinusitis</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>Tonsillitis</td>
<td></td>
</tr>
<tr>
<td>Other/Notes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Does your child suffer from any **food allergies?**: ______________________________

12. Does he/she **wet the bed?** Yes/No If so, how often: ______________________________

13. Does your child suffer from **travel sickness?**: Yes/No (If yes, please provide appropriate medication)

14. **Medications:** Please list all medications your child will need to take on the excursion:
   - ______________________________ Dose: ____________ When: ____________
   - ______________________________ Dose: ____________ When: ____________
   - ______________________________ Dose: ____________ When: ____________

15. What is your child’s **Medicare Number?** ______________________________

16. **Medical Support:** To assist in the case of accident or illness, please complete the following:
   - Hospital Fund: ______________________________ Number: ____________________
   - Medical Fund: ______________________________ Number: ____________________
   - Pensioner Number: ______________________________

17. If you are not in private medical fund, do you subscribe to **Ambulance Fund?** Yes/No

18. Has your child had any **illness/injury/medical procedure** in past 12 months? Yes / No
   Details:  __________________________________________________________________

19. **Swimming:** Do you give permission for your child to participate in water activities while away? Yes/No
   How good is your child at swimming? (please circle one)
   STRONG (more than 50m) AVERAGE POOR (less than 25m) NON SWIMMER

20. **Parent/Guardian Consent:**
   a. In the event of illness or accident, I give permission to the accompanying teacher(s) to seek medical and/or ambulance attention on behalf of my child. I undertake to pay medical fees and/or costs of drugs which may be incurred while my child is on the excursion.
   b. I agree to my child’s attendance at the above mentioned camp and to his/her taking part in any excursions or programs arranged for children in connection with the excursion.
   c. In the event of a headache, my child may be given ____________________.
   d. I understand that all medications brought to camp should have child’s name, dosage and dosage times clearly marked. All medication is to be handed to the teachers prior to departure.
   e. If my child needs any particular medical care on the excursion, I will provide a letter from our doctor, approx. 2 weeks before the excursion.
   f. I am aware that transport will be provided by coach.
   g. I understand that in the event of poor/unsuitable behaviour by my child, he/she may be withdrawn from any/ some of the activities or sent home.

   **Parent/Caregiver Name:** ________________________ **Signature:** ____________________
FINANCIAL ASSISTANCE – Student Assistance Scheme

Application for Student Assistance Funding

- Family Name: __________________________________________
- Child's Name(s):
  1. __________________________________________
  2. __________________________________________
  3. __________________________________________
  4. __________________________________________

I wish to apply for Student Assistance Funding of $ ________________ to assist my child/children to ________________________________________________________________.

Signed: __________________________ Date: ________________

You will be notified as soon as possible of the outcome of your application and, if successful the funds will be transferred internally towards your child's expenses.

*************************************************************************************************
** School Use Only
- School Decision ______________________ Amount ________________
- Principal’s Signature ______________________ Date ________________