



# NORTH TOM PRICE PRIMARY SCHOOL

## CHECKLIST FOR EXCURSION MANAGEMENT PLAN

### PURPOSE OF THE EXCURSION

The educational purpose of the excursion is described.

#### 1. ASSESS THE RISKS

##### 1.1 Assess the environment

The site has been assessed and is considered to be appropriate for the excursion.

##### 1.2 Assess transport arrangements

Arrangements have been made for the safe transport of excursion participants.

##### 1.3 Assess the students' capacity

Excursion activities are suitable for the students' capacity.

Provision has been made for any student with special needs.

Up to date information regarding student health care maintenance and/or intensive health care needs has been obtained.

##### 1.4 Assess the capabilities of the supervisory team

Collectively the supervisory team has the skills to:

o identify and establish a safe activity environment

o effect a rescue and/or render emergency care

o monitor weather and environmental conditions before and during activities

o monitor the physical well being of the students

##### 1.5 Assess the involvement external providers

Competence of external providers is established.

External providers conducting activities with students have a current national police certificate.

Staff responsibilities of the school and venue have been established.

External providers hold the appropriate level of public liability insurance.

#### 2. ESTABLISH SUPERVISION STRATEGIES

Supervision strategies have been established.

#### 3. DEVELOP MEANS OF IDENTIFYING EXCURSION PARTICIPANTS

Systems for identifying excursion participants have been established.

#### 4. PROVIDE INFORMATION AND SEEK CONSENT

Parents/guardians of student participants have been provided with full details of the excursion.

Student participation is subject to receipt of the signed consent form.

#### 5. DEVELOP COMMUNICATION STRATEGIES

Appropriate methods of communication, including emergency signals, have been developed.

**6. COMPLETE EMERGENCY RESPONSE PLANNING**

An appropriate emergency response plan has been developed or obtained.

The teacher-in-charge has a list of the names of participating students, contact telephone numbers, student medical information and relevant health information of supervisors.

**7. BRIEF STUDENTS AND SUPERVISORS**

Students and supervisors have been/will be fully briefed on responsibilities and obligations.

**8. RETAIN EXCURSION RECORDS**

Relevant excursion details will be retained.

**9. GAIN APPROVALS**

Appropriate approvals have been gained.

<b>Teacher-in-charge</b> _____ <b>Date</b> _____
<i>I am satisfied that the management plan for this excursion meets the requirements of the Excursions policy. I approve this excursion.</i>
<b>Principal</b> _____ <b>Date</b> _____

# STUDENT HEALTH FORM

## STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

### STUDENT DETAILS

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone no. – home: \_\_\_\_\_

– work: \_\_\_\_\_

– mobile: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone no: \_\_\_\_\_

#### Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes  No

If "yes", please give details:

\_\_\_\_\_  
\_\_\_\_\_

#### Is your child allergic to:

Penicillin	<input type="checkbox"/>	<i>(Please give details)</i> _____ _____ _____ _____
Any other drug	<input type="checkbox"/>	
Any food	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Date of last tetanus vaccination: \_\_\_\_\_

#### Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of prescribed medication?

Yes  No

Does your child self-administer the medication?

Yes  No

If "yes", state name of medication, dosage and frequency of use:

Does your child have a current Health Care Authorisation Plan at school?

Yes  No

#### Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

\_\_\_\_\_  
\_\_\_\_\_

# CONFIDENTIAL DECLARATION



Department of Education and Training  
Government of Western Australia

## DEPARTMENT OF EDUCATION AND TRAINING

151 Royal Street  
EAST PERTH WA 6004  
Telephone: (08) 9264 4111

<b>CONFIDENTIAL DECLARATION</b>
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**This form is for persons requiring access to schools who are not employees of the Department of Education and Training**

Please place a tick in one of the boxes below.

(1)	I declare that I <b>do not have</b> any convictions, circumstances or reasons that might preclude my working with or near children.	<input type="checkbox"/>
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or

(2)	I declare that <b>I do have</b> convictions, circumstances or reasons that might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below.	<input type="checkbox"/>

I certify the accuracy of the above information. I am aware that I may be required to provide a police clearance if it is considered necessary to verify the information provided.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(BLOCK PRINT PLEASE)

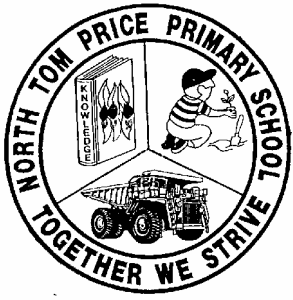
Signature: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

School: \_\_\_\_\_



Tanunda Street  
TOM PRICE WA 6751  
Ph 9189 1299 Fax 9189 1342  
Email Principal: Lynnette.Macauley@det.wa.edu.au



# Together We Strive

## NORTH TOM PRICE EXCURSION FORM

**INFORMATION FORM FOR PARENT/GUARDIAN** (*To be retained by parent*)

**REASON FOR EXCURSION/SCHOOL CAMP**

**ACTIVITIES TO BE CONDUCTED**

**DATE(S)**

**COST**

**LOCATION**

**TRANSPORT ARRANGEMENTS**

**ITINERARY**

Location	Arrive	Depart

**STUDENT CONTACT ARRANGEMENTS DURING EXCURSION**

**SUPERVISION TO BE PROVIDED**

**STAFF ACTION IN CASE OF ACCIDENT OR ILLNESS ON THE EXCURSION**

**SPECIAL CLOTHING OR OTHER ITEMS REQUIRED**

**NOTE:**

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

In the case of excursions not involving an overnight stay, costs incurred as a result of accident or illness are the responsibility of the parent/guardian.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.




# PARENT/GUARDIAN CONSENT FORM

**CONSENT FORM FOR**

**EXCURSION**

**TO BE RETURNED SIGNED TO THE SCHOOL BY**

## Contact Information

 Home:	 Work:	 Mobile:
Other:		
I have read and understood the information regarding the _____ excursion on _____ and give my consent for my son/daughter: _____ to attend.		
<b>Signature of parent/guardian:</b> _____ <b>Date</b> _____		

- \* The following details have changed from those recorded on my child's medical information form.