

Mount Carmel College Vacation Care

December/January 2023/24

Booking Consent Form

Family Name _____

Please write first name of student/s attending in boxes on appropriate day

Week 1	Mon 11/12/23	Tues 12/12/23	Wed 13/12/23	Thurs 14/12/23	Fri 15/12/23 Incursion
Child's Name/s	OSHC as usual	OSHC as usual		CLOSED	
Week 2	Mon 18/12/23 Incursion	Tues 19/12/23 Excursion	Wed 20/12/23	Thurs 21/12/23	Fri 22/12/23
Child's Name/s					CLOSED For 2 weeks
Week 3	Mon 8/1/24	Tues 9/1/24 Excursion	Wed 10/1/24 Incursion	Thurs 11/1/24 Excursion	Fri 12/1/24
Child's Name/s					
Week 4	Mon 15/1/24 Excursion	Tues 16/1/24	Wed 17/1/24 Excursion	Thurs 18/1/24	Fri 19/1/24 Incursion
Child's Name/s					
Week 5	Mon 22/1/24	Tues 23/1/24 Excursion	Wed 24/1/24 Incursion	Thurs 25/1/24 Excursion	Fri 26/1/24
Child's Name/s					CLOSED

Bookings need to be in by Friday 8th December (Week 8)

- I am willing for my child/ren to participate in all programmed activities (separate consent form required for excursions) for the up-coming Vacation Care as detailed on the program.
- I understand it is my responsibility to familiarise myself with the program and details and to advise the Director if I do not wish for my child/ren to participate in a particular activity.
- Risk assessments are undertaken for all excursions and incursions and may be viewed upon request.
- I give permission for my child to be photographed and photos displayed *within* the school, photos to be shared in other children's portfolios and for professional promotional use such as websites or in the media. Please see Director for any queries.
- All bookings require a \$5.00 per day per child deposit to confirm their place. This will be deducted from the fee charged. This is non-refundable if booking is cancelled.
- All cancellations need to be made before midday the business day before your booking, or full fee will be charged. These will be charged as Approved Absences.

If you haven't filled out enrolment forms, see the school office or the OSHC staff to obtain these.

Please return this form as soon as possible to the OSHC Staff to ensure you receive the bookings you require.

Please keep a record of what you have booked to avoid being charged for forgotten bookings!

Date _____ Signature _____

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	
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I:

PARENT/GUARDIAN NAME	
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give my consent for my child to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	<ol style="list-style-type: none">19/12/23 - Semaphore Odeon Star Cinema – movies09/01/24 – Roy Marten Playground – adventure playground, outdoor activities11/01/24 – Semaphore Odeon Star Cinema – movies15/01/24 – ICA Sportzworx – indoor games and activities17/01/23 – Beach Day – Semaphore Beach visit23/01/23 – Waterworld aquatic Centre – swimming activities25/01/23 – Adelaide Oval – tour the oval and grounds
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at/on:

LOCATION	Vacation Care Excursions as per details on program and consent form (PTO)
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FROM:

1	9
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1	2
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2	3
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 TO:

2	5
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0	1
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2	4
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 OR ON:

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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.

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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)

NAME					
RELATIONSHIP TO CHILD					
TELEPHONE (1)		TELEPHONE (2)		MOBILE	
Student Medic Alert Number (If					

*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	<p>Vacation Excursions to the following locations,</p> <ol style="list-style-type: none"> 1. Semaphore Odeon Cinema – watch a movie, “Trolls Band Together”. 2. Roy Marten Playground – outdoor activities. 3. Semaphore Odeon Cinema – watch a movie, “Trolls Band Together”. 4. ICA Sportzworx – indoor games and activities 5. Semaphore Beach - a trip to the beach to paddle in the water, play in the sand and walk along the jetty. 6. Water World Aquatic Centre – swimming activities. 7. Adelaide Oval – tour the inside and outside of the oval.
TRANSPORT ARRANGEMENTS	<p>Private Bus via the most direct route taking into consideration road works etc.</p> <ol style="list-style-type: none"> 1. Semaphore Odeon - 65 Semaphore Road Semaphore 5019 2. Roy Marten Playground – 22 Wandana Tce, Taperoo 5017 3. Semaphore Odeon - 65 Semaphore Road Semaphore 5019 4. Sportzworx – 1 Stepney St, Stepney. 5. Semaphore Beach – Esplanade Semaphore Foreshore, Semaphore 5019 6. Water World Aquatic Centre – Corner Jack High Lane & Golden Grove Road. Ridgehaven 5097 7. Adelaide Oval – War Memorial Drive, Adelaide 5001
NUMBER OF STUDENT/CHILDREN ATTENDING	Maximum 60
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	N/A – dependant on final number of children attending.
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<ol style="list-style-type: none"> 1. 1 Educator - 8 children 2. 1 Educator – 7 children 3. 1 Educator - 8 children 4. 1 Educator – 8 children 5. 1 Educator – 5 children 6. 1 Educator – 5 children 7. 1 Educator – 7 children