Our Excursions fall into one of three categories which are:

**Major Excursions:**
These usually occur biannually and involve overnight accommodation and travel.

Forms required:
Appendix 1 (Consent and Medical Information for Excursion form)
Appendix 2 (Administration of Medication)

**Minor Excursions:**
Can occur at any time and involve one day or part day. These involve travel out of the Rowena area. Parental consent is required and additional adults accompany class/grade levels when necessary. Notes to inform the parents of the excursion are sent home.

Forms required:
Appendix 1 (Consent and Medical information for minor excursions)
Appendix 2 (Administration of Medication) as necessary

**Mini Excursions:**
Can occur at any time and are usually within walking distance of the school. Permission notes are not required as general permission is given on the school’s enrolment form. Performances away from the school usually fall into this category. Parents are notified via school newsletter.
RATIONALE

We believe excursions are an important part of schooling. They provide community and societal awareness, real life experiences and opportunities to use skills such as observation, information gathering which are not available in the school environment.

Purpose:

- To provide students with experiences beyond the classroom that extend, reinforce, enrich and enhance their academic, cultural and social development.

Aims:

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

IMPLEMENTATION

Introduction

Excursions and overnight stays are an important part of the school’s curriculum and specifically of the students’ learning program and must be justified on this basis.

The following information is designed to ensure the safety of students and to minimize the possibility of litigation against the school.

An excursion is any school organised activity conducted outside the boundary of the school. An excursion can range from a brief visit of less than one hour to a local point of interest, to an extended journey occupying a number of days and requiring overnight accommodation.

There exists a special duty of care between the teacher and student. The duty exists both during and outside of normal school hours.

Activities chosen for school excursions must be suitable for children of the age, experience and capacity of those participating.

School’s process for excursions must be followed.

Provision must be made for students with special needs.

Where aquatic activities are involved, the excursion coordinator and attending staff must ensure the guidelines for aquatic activities are implemented and adhered to (refer Department of Education and Training School Sport Unit Website).

Department of Education and Training School Sports Unit Website should be consulted for sporting activities being considered or any excursion.
General Principles

*All excursions should reference the school’s curriculum objectives and should be relevant to their achievement.*

( NSW Dept of Education and Training Excursion Policy 2004)

* Plan for a cycle of experiences K – 6.
* All excursions must have the Principal’s approval and follow **DET requirements.** 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 the assessment are:

- Nature and location of the activity (prior inspection of the location may be required to identify potential dangers)
- Number of students involved
- Age and maturity of students
- Qualification and experience of the adult supervisors

*Each excursion must have clearly articulated objectives and expected outcomes as reflected in relevant teaching programs.*

*There must be adequate preparation of students for the excursion.*

*Students and parents/guardians must have a clear understanding of the school’s expectations of students’ obligations and required behaviour.*

*Each excursion must be evaluated in terms of its objectives and outcomes.*

*Practice relating to Child Protection must apply.*

*An adequate supervision ration is to be maintained at all times. The ratios are:

\[
\text{K-2} = 1:5 \\
\text{3-6} = 1:10
\]

*These ratios may vary at the discretion of the Principal and should be based on careful assessment of factors such as venue, gender, or special needs of students, level of danger, nature of activity and past experience.*

* 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 at times, will be greater than in the stated ratio because of:

- The age, experience or capabilities of the students
- Maturity of the participants
- The combined experience or expertise of the staff
- The nature of the area in which the activity is to be conducted
- The nature of the activity
- Method of travel
- 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.

• 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. 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 should be attached to the excursion information form. D is for day excursion, E is for overnight excursions.

• 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 on the activity.

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

*On overnight excursions ensure where possible mixed groups of students are to be supervised by at least one male and one female adult. Teachers/adults are to sleep in a room/area separate from the students. Only where this is impractical may they sleep at least two to a room/area with the students. Under no circumstances may a teacher/adult sleep in a room alone with one student.

• Water activities require a specific approval form.

• 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.

*Ensure adequate teacher supervision is available at school for students unable to attend. This to be based on careful assessment of such factors as age, gender and past practice. This is at the Principal’s discretion.

*A teacher, parent or other approved person providing transport for an excursion is to be appropriately licensed and the car registered. (It should be noted that such a driver may be sued for negligence in the case of an accident)
Administration of Medication

Medication must not be given to a child without the written permission of a parent/guardian. Verbal permission may be acceptable in an emergency situation.

Medication must be supplied by parents where possible in the original container, clearly marked with the student’s name, the name of the drug, dosage, frequency of administration and prescribing doctor’s name.

Appropriate equipment for administration, e.g. medication measures, must be supplied by parents.

All prescribed medication must be kept securely at all times.

A Medication Register is to be established and maintained during the excursion. The Register must provide the following information: date, time, name of student, type of medication, dosage and the name of the person administering the medication.

Risk Assessment

- A Risk Assessment must be completed for all major excursions.

Evaluation:

- Evaluation of each excursion by students, staff and parents to ensure effectiveness of educational outcomes.

References

NSW Dept of Education and Training Excursion Policy 2004
Memorandum: DSE Boston 1994 and 1996
Guidelines for the Safe Conduct of Sport and Physical Activity in Schools 1999
2004 updates
ROWENA PUBLIC SCHOOL
Excursion Flowchart

FOUR TO SIX WEEKS PRIOR TO THE EXCURSION

• 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-attendees, method of communication if cancellation is necessary, requirements for child to being.
  • Coordinate group receipts with office staff.

AT ONE WEEK PRIOR TO THE EXCURSION

• Coordinating teacher – finalise numbers, bookings, times, transport, rolls for each vehicle.
  • Permission notes checked.
  • Medical notes checked.

AT ONE DAY PRIOR TO THE EXCURSION

• Coordinating teacher – cheques, rolls, playground duty, first aid box, mobile phone, non-attendees work prepared and supervision arranged.

ON THE DAY OF THE EXCURSION

• Roll marking
• Variation of routine book
• Take first aid box, medical form, and necessary equipment.
The supervising teacher(s) must observe the following requirements:

Ensure an adequate supervision ratio is maintained at all times, based upon careful assessment of factors such as the age/gender/special needs of students and nature of activity.

Actively supervise students even when a particular activity is being conducted by a trained person who is not a teacher.

Promptly inform the Principal if a student has been involved in an accident or significant behavioural issue or a pastoral concern arises.

Promptly complete any relevant accident documentation after an accident.

Ensure where transportation is needed that:
adequate transport is provided for the number of people involved in the excursion,
all normal safety rules apply,
all students are to have a seat and to use the appropriate restraint (when fitted) when travelling by car, bus, train or plane.

Ensure mixed gender groups are supervised by at least one male and one female adult where possible. This requirement does not apply to class excursions in the school day to local venues where a class teacher provides adequate supervision.

If it is necessary to remove a student from the excursion for any reason, make the decision, where possible, in consultation with the Principal and contact the parents/guardians.

Where practical a mobile phone, phone card and change should be taken on any excursion.

All aspects of the Schools’ Child Protection suite of policies and Code of Professional Standards for School Employees should be strictly adhered to for the benefit of both attending staff and students.

THE DAY AFTER THE EXCURSION

• Coordinating teacher – evaluation form, receipts to office, refunds.
ROWENA PUBLIC SCHOOL

Excursion Planner/Approval Form

For the approval of:

Excursions/ Sporting Trips/Camps OR Visits to *any place or function outside school grounds*

---------------------------------------------------------------------------------------------------------

Activity……………………………………………………………………………………………………………………

Has this excursion/activity been undertaken before?  Yes  No  Unsure

COORDINATING TEACHER

YEAR/STAGE AND  
ANTICIPATED NUMBERS

KLA CORRELATION

DESTINATION AND DATE

Departing School at:

Arriving back at School at:

Staff with CPR

Staff with Emergency Care

Mode of Transport

WALKING

HIRED BUS Operator: .................................................................

OWN TRANSPORT à driver must supply license/third party insurance details to office

SCHOOL MINI-BUS à only available on approval – please submit separate form

TRAVEL QUOTES:  
*Quote accepted from:*

Confirmation of Coach Booking:

(Date, booked with, etc)
OTHER EXPENSES
COST PER CHILD
ACCOMPANYING TEACHERS
ACCOMPANYING PARENTS

ANY OTHER BOOKINGS CONFIRMED

PRINCIPAL'S APPROVAL

PERMISSION NOTES ISSUED

ARRANGEMENTS FINALISED

PERMISSION NOTES RECEIVED

PREPARATORY
TEACHING/LEARNING

FOLLOW-UP
TEACHING/LEARNING

Is the provision of food included in the costs YES / NO

Please book First Aid Equipment/ epi pens/mobile phone/eskys/ water bottles/ cameras/ tents etc YES/NO

For excursions leaving town ensure Appendix (Consent and Medical Information for Minor Excursions) or Appendix (Consent and Medical Information for Major Excursions) is included in parent note. YES/NO

Excursion added to Term calendar? YES/NO

Please attach to this plan all documents associated with the excursion, including any worksheets or other learning materials prepared for the excursion
ROWENA PUBLIC SCHOOL

PERMISSION TO ATTEND AN EXCURSION

Dear Parent/Caregiver

K-2/3-6 will be going on an excursion to (Place and Date)

This excursion has been planned to supplement the following work being done in the classroom.

The cost of the excursion is (amount in words) ($ )

The class will depart from school at am/pm and return to school at am/pm.

Accommodation (if overnight) will be at

Travel will be by (means of transport)

The group will be supervised by

Additional Information:

...........................................................
Principal
Date

EXCURSION CONSENT FORM

I hereby give consent for .............................................................to participate in an excursion to

Place and Date

My child/ren will be travelling with: ............................................................................................................

Special needs of my child which you should be aware of (eg. Allergies, medication, etc. – please provide full details):

........................................................................................................................................................................

Signed: ........................................................................ / / Parent/Guardian Date

Please complete details on this form and return to school by ____________.
Dear parent or caregiver,

Students in Years will be going on an excursion to from to

This excursion has been planned to supplement the following work being done in the classroom:

Activities will include:

The cost of the excursion is $ (please see Andrew Rodgers confidentially if financial assistance is required)

Travel will be by

Accompanying staff and parents are:

**Overnight excursions - advice**
Accommodation will be at

The group will be supervised by

**Additional information**

**Water or swimming activities - advice**
The excursion will involve the following water or swimming activities:

These activities will take place at:

The Centre will provide the following flotation devices to students who may require assistance in the water:

Excursion coordinator Principal
I do / do not consent to participating in an excursion from .................................. to ..................................

I enclose $........to pay for the excursion.

My son / daughter has the following special needs (please provide full details and include any relevant medical details)

................................................................................................................................................
................................................................................................................................................
................................................................................................................................................

I give / do not give permission for my child to receive medical treatment in case of emergency.

**Overnight excursions – response**

I understand that my son / daughter will stay overnight at

**Water or swimming activities - response**

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

<table>
<thead>
<tr>
<th>strong swimmer</th>
<th>average swimmer</th>
<th>poor swimmer</th>
<th>non swimmer</th>
</tr>
</thead>
</table>

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  Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

Signed: .................................................................................  Date:     /     /  

Parent / Guardian
ROWENA PUBLIC SCHOOL
EXCURSION MEDICAL INFORMATION SHEET

Excursion to:

Child’s name:

Date of Birth

Contacts: Parent Name:
Address:
Telephones:

Other emergency contacts
name: phone:

Please TICK and medical conditions/allergies your child may suffer from (even if mild)

ALLERGY/CONDITION YES/NO

- Adhesive tape
- Dizziness
- Asthma
- Ear problems
- Band aids
- Eye problems
- Back problems
- Fainting
- Bee stings
- Headaches
- Bleeder
- Heat rash
- Constipation
- Nose bleeds
- Diabetes

OTHER/Notes
Does your child suffer from **travel sickness**: yes / no

(if yes, please provide appropriate medication)

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

What is your child’s **Medicare Number**?

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

Has your child had any **illness/injury** in the past month? Yes / No
- Details:

**Parent/Guardian Consent**:  
- 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.
  - In the event of a headache, my child may be given
  - I understand that in the event of poor/unsuitable behaviour by my child, he/she may be withdrawn from an/some of the activities.

**Parent/Caregiver Name:** ____________________________ **Signature:** ____________________________
ROWENA PUBLIC SCHOOL
EXCURSION MEDICAL INFORMATION SHEET (continued)

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.

Contacts: For urgent parent contact while away: Nearest telephone:
Name:
Address:
Telephones:

Other emergency contact name: Phone:

Approx. Date of last Tetanus injection:

Approx. Date of last Combined Diphtheria Tetanus Toxoid booster injection:

Approx. Date of last measles immunization:

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

ALLERGY/CONDITION YES/NO
Adhesive tape
Dizziness
Asthma
Ear problems
Band aids
Eye problems
Back problem
Eczema
Bee stings
Fainting
Bleeder
Green ant bite
Boils
Hay fever
Congestion
Headaches
Cold sores
Heat rash
Coughs
Hives
Constipation
Medications (list)
Cramps
Nose bleeds
Dermatitis
Sinusitis
Diabetes
Tonsillitis
OTHER/Notes
• Does he/she **wet the bed?** Yes / No If yes, how often:

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

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

  - Dose: ___________________ When: ___________________
  - Dose: ___________________ When: ___________________
  - Dose: ___________________ When: ___________________

• What is your child’s **Medicare Number**?

• **Medical Support**: To assist in the case of accident or illness, please complete the following:

  - Hospital Fund: ___________________ Number: ___________________
  - Medical Fund: ___________________ Number: ___________________
  - Pensioner Number: ___________________

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

• Has your child had any **illness/injury** in the past month? Yes / No

  - Details:

• **Swimming**:

  - Do you give permission for your child to participate in water activities while away? Yes / No

  - How good is your child at swimming?: STRONG       AVERAGE       POOR       NON SWIMMER

  - **Parent/Guardian consent**:

  - 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.

  - 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.

  - In the event of a headache, my child may be given

  - 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.

  - 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.

  - I am aware that transport will be provided by coach.

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

  **Parent/Caregiver Name:** ___________________ **Signature:** ___________________
Dear Parent / Caregiver,

The school has funds available to assist student participation in school programs.

We are happy to assist in circumstances of need in accordance with NSW Department of Education & Training guidelines and school policies and procedures.

If you wish to apply for financial assistance please complete and return the following form as soon as possible. All applications for assistance must be received at least one week prior to the closing date for the activity.

All applications for assistance will be assessed by the Principal. You will be advised in writing of the decision of the committee following a review of your application.

Please note that in order to manage the funds available and to ensure funds are distributed fairly a sliding scale is used to determine the amount available for allocation for a major school excursion:

- No allocation will be made for the first $10.00
- $10.00 to $75.00 – not more than 30% subsidy of the cost of the activity.
- Greater than $75.00 – not more than 50% subsidy of the remaining cost of the activity.

Principal

ROWENA PUBLIC SCHOOL: STUDENT ASSISTANCE SCHEME

To the Principal,

I request student assistance for my child, ........................................ of class ...................

For (activity name):

............................................................................

(amount requested) $..................................

(reason for assistance) ..........................................................................................................

Signed: ................................................................. Date:   /   /   

Parent / Caregiver

Appendix
EXCURSION EVALUATION REPORT FORM

ACTIVITY …………………………………………………………………………………………….

CLASS/S CONCERNED: ……………….. TEACHER IN CHARGE: ………………………………..

Location: ………………………… Actual cost per pupil: ……………………………

Date of excursion: ……………………… No. of staff: …………………………….

WERE TRANSPORT ARRANGEMENTS SUITABLE?

HOW DID THE STUDENTS BEHAVE?

IS THE FUNCTION TO BE RECOMMENDED?

Anything worth noting for future excursions of this type?

Overnight excursions

5 (a). Accommodation?

5. (b). Food - breakfast etc?

Any other comments?

TEACHER'S SIGNATURE: …………………………….. DATE: ………………………
ADMINISTRATION OF SUPPLIED MEDICATION
This form is included in a snap lock bag (or similar) along with any medications supplied by parents.

Medication supplied
(in original packaging and in-date)

Dosage required
When / why?

Parent permission (please sign)

Staff use:

Minor head aches, fevers and pain

Administered by
Time and Date

Travel sickness

Administered by
Time and Date

Administered by
Time and Date

Administered by
Time and Date
## ROWENA PUBLIC SCHOOL
### Draft Major Excursion Plan

#### Kindergarten – Year 2

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#### Year 3 – Year 6

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