



Mount Hawthorn Education Support Centre

Excursion Policy

2017-2019

Rationale

Experiences outside the classroom contribute to the development of students' understandings, skills and attitudes. Generalising the skills learned in school is very important. Excursions provide opportunities for students to practice learned skills, learn from the wider community and reinforce the school curriculum.

Planning an Excursion

- A chosen educational excursion must have clear educational outcomes which take into account the learning programs of the students and the educational program of the Centre, the needs of the students and the resources of the school
- The safety and security of a chosen venue must be assessed for its suitability for our students.
- The official Evacuation Plan for the venue must be obtained along with their Certificate of Currency for Public Liability and copies kept with the excursion file
- Amenities should be assessed as suitable and available eg toileting and eating facilities
- Wheelchair access if necessary
- Staff:student ratio needed
- Cost of excursions
- Transportation required
- Letters to parents/guardians must be sent that give clear and comprehensive details of the excursion.
- Written parental/guardian consent must be obtained for all excursions as well as most recently updated medical plans.

Documentation

- Excursion Planning Checklist
- Letter to parents/guardians.
- Written consent slip from parents/guardians
- From venue
 - Third party insurance certificate
 - Emergency evacuation plan

Information to parents

- Cover letter stating:
 - educational objectives of excursion
 - details of excursion (venue, time, mode of transport)
 - need for their approval if a change of venue is required due to bad weather or other hazard

- Permission slip needs space for:
 - parent/guardian signature
 - emergency contact number for that day
 - Statement by parent that health information has either not been changed or new information is provided if needed

In some instances a teacher may do a general letter to cover excursions for a semester or a year eg, a weekly shopping excursion and visits to the local park on foot.

On the Day

The following items must be taken on the day of the excursion:-

- written consent from parents/guardians with emergency numbers
- student food/clothing requirements
- first aid kit, generic EpiPen, medical plans
- child emergency phone/allergy/seizure/anaphylaxis associated equipment and cards
- mobile phone
- all members of the excursion, both staff and students must be signed out of the school on each occasion

NB – If venue has to change during the excursion eg, due to weather or other safety concerns please contact the school with new details.

Excursion Form

Venue:

DATE:

Teachers Attending:

EAs attending:

Students attending:

EDUCATIONAL PURPOSE OF THE EXCURSION

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:
 - identify and establish a safe activity environment
 - effect a rescue and/or render emergency care
 - monitor weather and environmental conditions before and during activities
 - 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

Teacher-in-charge _____ **Date** _____

I am satisfied that the management plan for this excursion meets the requirements of the Excursions policy. I approve this excursion.

Principal _____ **Date** _____

STUDENT HEALTH CARE SUMMARY 2011

STUDENT DETAILS- - MOUNT HAWTHORN EDUCATION SUPPORT CENTRE

2017
MT HAWTHORN ESC

SCHOOL: MOUNT HAWTHORN EDUCATION SUPPORT CENTRE		YEAR:	FORM:	
NAME:		DATE OF BIRTH:		
ADDRESS:		GENDER:		
FAMILY CONTACT DETAILS		TEACHER:		
NAME:		MEDICAL DETAILS		
ADDRESS:		DOCTOR 1:		
RELATIONSHIP TO STUDENT:		DOCTOR 2:		
TELEPHONE: (W) (H) (M)		MEDICAL CENTRE:		TELEPHONE:
NAME:		MEDICARE NO:		
ADDRESS:		HEALTH CARE CARD: YES <input type="checkbox"/> NO <input type="checkbox"/>		
RELATIONSHIP TO STUDENT:		PERMISSION IS GIVEN TO SEEK MEDICAL ATTENTION FOR MY CHILD AS REQUIRED FROM THE ABOVE MEDICAL CENTRE YES <input type="checkbox"/> NO <input type="checkbox"/>		
TELEPHONE: (W) (H) (M)		DO YOU HAVE AMBULANCE COVER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF THERE IS A MEDICAL EMERGENCY PARENTS/CARERS ARE EXPECTED TO MEET THE COST OF THE AMBULANCE.		

SECTION A – STUDENT HEALTH CARE – TO BE COMPLETED BY PARENT/CARER

PLEASE TICK HEALTH CARE CONDITION/S AND OR NEED/S REQUIRING SUPPORT AT SCHOOL		YES	NO	Details <u>Please explain:</u> <u>Food allergies</u> <u>Food preferences</u> <u>Food dislikes</u>
SEVERE ALLERGY ANAPHYLAXIS	<input type="checkbox"/>	<input type="checkbox"/>		
MINOR & MODERATE FOOD ALLERGIES	<input type="checkbox"/>	<input type="checkbox"/>		
MINOR & MODERATE ALLERGIES	<input type="checkbox"/>	<input type="checkbox"/>		
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>		
SEIZURES	<input type="checkbox"/>	<input type="checkbox"/>		
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>		
EMERGENCY RESPONSE PLAN FOR STUDENTS WITH SPECIAL NEEDS	<input type="checkbox"/>	<input type="checkbox"/>		
PLAN PROVIDED BY MEDICAL PRACTITIONER	<input type="checkbox"/>	<input type="checkbox"/>		
SHORT TERM MEDICATION REQUIRED (<input type="checkbox"/>	<input type="checkbox"/>		
ADMINISTRATION OF MEDICATION COMPLETED YES <input type="checkbox"/> NO <input type="checkbox"/>				

PARENT/CARER SIGNATURE: _____ PRINCIPAL SIGNATURE: _____

DATE: _____