



MOUNT HAWTHORN EDUCATION SUPPORT CENTRE

Excursion Policy

2021-2023

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 Forms

LOCAL AREA EXCURSION: PROPOSAL FOR LOCAL AREA EXCURSION



The authorised excursion leader completes the following information for the proposed excursion. Additional documents may be attached where required.

The principal thoroughly checks each aspect of the proposal form before signing.

School:	Mount Hawthorn Education Support Centre		
Class/Year Groups:			
Excursion to:		No. of students attending:	
Departure date and time:		Is any activity in the excursion water-based?	Yes/No No
Return time:			
Excursion leader:			
Documents attached:	Names, addresses and contact details of students, supervisors and emergency contact		<input type="checkbox"/>
	Up-to-date student health care plans and information		<input type="checkbox"/>
	Parent/Carer/Guardian consent forms		<input type="checkbox"/>
	Copy of insurance certificate/s		<input type="checkbox"/>
	Additional documents (please list):		
Educational purpose of excursion	The proposed excursion has a clear educational purpose in the context of the syllabuses of the K-10 Western Australian Curriculum and/or senior secondary WACE courses/programs. <input type="checkbox"/>		
Details:			
Educational benefit of excursion	The excursion will significantly enhance student outcomes and achievement in a manner that cannot be done in the classroom/school environment. <input type="checkbox"/>		
Details:			
Venue/site for the excursion	The venue or site for the excursion is suitable for the student group. <input type="checkbox"/>		

Details: The venue is age appropriate and suitable for the students	
Risk assessment	
The risk management plan covers proposed alternative arrangements in circumstances where part of the excursion or any activities scheduled for the excursion are unable to proceed. <input type="checkbox"/>	
Details	
The risk assessment considers and documents:	
<ul style="list-style-type: none"> <input type="checkbox"/> the number of students, their age range, and the students' experience, capacity and behaviour; <input type="checkbox"/> the excursion venue/site and any potential hazards and risks associated with the proposed activities at that venue; <input type="checkbox"/> the method of transport to the excursion venue and all activities; <input type="checkbox"/> issues that might arise due to the length of time of the excursion and/or possible weather events; <input type="checkbox"/> additional risks and supervisory requirements associated outdoor education and recreation activities and strategies for student safety in accordance with the <i>Outdoor Education and Recreation Activities for Public Schools Policy (2019)</i>; <input type="checkbox"/> any medical or behavioural conditions that need to be managed; and <input type="checkbox"/> any special clothing or required items that should be taken on the excursion by students and supervisors. 	
Students' capacity	
Participating students have the capacity to undertake the excursion as evidenced by the student health care plans and information and as attested to by principals of any participating school. <input type="checkbox"/>	
Details; See health care plans in file	
Supervisory team	
An appropriately qualified supervisor a suitable supervisory team, supervision strategies and a system for identifying excursion participants have been established. <input type="checkbox"/> <i>Supervision strategies have been established with the supervisory team.</i> <i>Systems for identifying excursion participants have been established.</i>	
Briefing students and supervisors	
All relevant information about respective responsibilities and obligations have been communicated to students and supervisors. The excursion leader has confirmed, in writing, during the consent seeking process, that parents/carers/guardians are fully aware of all supervisory arrangements throughout the excursion. <input type="checkbox"/>	
Details:	
Communication strategy	
An appropriate communication strategy has been established and communicated to all those attending the excursion. <input type="checkbox"/>	

Details:
Buddy system and mobile phone contacts.

Transport arrangements

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

Details:
Public transport

Emergency response planning

An emergency response plan (including contact details for supervising staff) has been developed, and provided and retained by the principal of the school.

Details: Discussion of meeting point at beginning of excursion
List of staff phone numbers for all staff members

There are clear procedures to be followed in the event a student's participation on the excursion is terminated.

Working with children checks

There is a valid WWCC for each supervisor/adult travelling on the excursion where required.

Detailed cost of excursion

The excursion has been properly costed, with details of staff costs including expenses and teacher relief.

The excursion has been properly costed.

Parents/carers/guardians have been informed of all fundraising provisions.

Parents/carers/guardians have been informed of any fundraising monies that will remain with the school in case of cancellation.

Details:
The school will provide SmartRider.
Parents provide lunch money if wanted

Waivers

No waivers have been or will be signed, that absolve venues/external providers from liability for negligent acts or omissions.

External providers

Where external providers are engaged, they have proper and current insurance cover and staff responsibilities have been established.

All documents have been sighted and attached.

Details:

All documents have been retained and appropriately stored.

Information to Parents/Carers/Guardians for their consent

Parents/carers/guardians have been provided with full details of the excursion and have provided signed, informed consent.

Students who are over 18 years of age have been provided with full details of the excursion and have signed an Excursions Participation Agreement (*If applicable*).N/A

I confirm that all sections of the *Proposal for Local Area Excursion* have been completed in accordance with the *Excursions in Public Schools Procedures* and the *Local Area Excursions* document.

Authorised Excursion Leader _____ **Date** _____

Principal _____ **Date** _____

LOCAL AREA EXCURSION: PARENT/GUARDIAN/CARER EXCURSION INFORMATION AND CONSENT



Dear Parent/Carer/Guardian I am pleased to provide you with the following details regarding our excursion.

Excursion to:	
Class/Year groups attending:	
Departure venue, date and time:	
Excursion leader:	
Travel details:	
Excursion cost:	Transport \$ Venue entry \$ Other \$
Supervisory team: <i>(Include details of staff member with first aid responsibility)</i>	
Contact arrangements during excursion:	
Educational purpose of excursion This excursion has been planned to supplement the following work being completed in your child's classroom and/or is part of their education program.	
Details:	
Activities Your child will be participating in the following activities. <i>(Water based excursions require additional supervision advice and student information. Include as appropriate.)</i> Details Nil	
Special clothing or other items required All excursion participants are to comply with all venue/site special clothing or other item requirements as prescribed. Details Nil	
Excursion Leader signature:	
Principal signature:	
Please complete, sign and return the section below to the school by A.S.A.P	

LOCAL AREA EXCURSION: PARENT/GUARDIAN/CARER CONSENT FORM

Child's name:			
Class – Year:			
Excursion to:			
Student health considerations			
If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details on the attached Student Health Care Summary.			
Special considerations			
If the proposed excursion poses any health risks in addition to those identified in the Student Health Care Summary, please outline additional health risks below: <i>e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.</i>			
Details			
Parent/carer/guardian consent			
I give permission for my child to receive medical treatment in case of emergency. I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on an excursion, unless the school or its employees are proven to be negligent.			
Emergency Contact			
Name		Name	
Daytime Contact		Daytime Contact	
After hours		After hours	
Mobile		Mobile	
Relationship		Relationship	
I consent to	<i>(Your child's name)</i>		
participating in an excursion to			
on <i>(Date)</i>			
Signed			
Date			

STUDENT HEALTH CARE SUMMARY 2021

STUDENT DETAILS- - MOUNT HAWTHORN EDUCATION SUPPORT CENTRE

2021
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:
TELEPHONE: (W) (H) (M)	MEDICAL CENTRE:	
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		
SEVERE ALLERGY ANAPHYLAXIS	<input type="checkbox"/>	<input type="checkbox"/>	Details <u>Please explain:</u> Food allergies Food preferences Food dislikes	
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: _____