

GLADSTONE PRIMARY SCHOOL

3. EDUCATIONAL TRIPS, VISITS and Education Outside The Classroom

RATIONALE

Students need to develop in the social, physical, emotional and intellectual areas. These developments are assisted by providing students with a variety of experiences that cannot be gained in the classroom. These experiences can be gained by students participating in a range of excursions throughout their school life.

PURPOSES

1. To develop students who are well rounded learners.
2. To enhance students' learning through the provision of authentic experiences.
2. To increase knowledge, understanding and appreciation of the local area and other areas that are different in nature and environment to their own.
3. To further develop skills in observation, recording and reporting.
4. To assist in the development of confidence, independence, sense of adventure and sense of responsibility, particularly towards their own safety and the safety of others.
5. To assist in the social development of students where they are given the opportunity to live and work with others in a situation different from the home environment.

GUIDELINES

- Use E.O.T.C. to enhance learning.
- Ensure, where possible, that children are not excluded from participating in E.O.T.C. programmes.
- For camps include aims, outline of programme and cost to the Board of Trustees.
- Medical supplies (a basic First Aid Kit - one per class) must be taken, including individual medication if required.
- An operational cell phone should be included on E.O.T.C. visits (ensure fully charged or spare battery).
- Approval of other trips must be given by the Principal.
- Parents/guardians are to be informed of all visits outside the School environment (**at least 14 days prior to the trip**).
- Teachers should ensure:
 - all students are given the opportunity to participate
 - safe practices are taught and encouraged in all who participate
 - parent expense is considered
 - all visits are relevant to the students' learning needs
 - parent helpers are aware of their responsibilities beforehand.
- Follow the safety and supervision, risk management, leadership, and legal requirements, RAM's forms need to be completed and given to the Associate Principal at least **2 weeks before the date of the trip**.
- When hiring commercial operators to act as instructors within the approved programme, ensure that the outdoor pursuit is covered by the established guidelines and sound professional practice principles and meet the OutdoorsMark certification.
- Where appropriate, ensure outside contractors / instructors competency.

- Buses will be the preferred mode of transport but it is recognized that at times cars may be used. On these occasions every student must be restrained by their own diagonal seatbelt, (the exception being where public transport is used)
- They must travel in the back seats unless these are already occupied by other children. The tallest child should travel in the front seat, and the seat should be moved as far back as possible, and if possible the airbag should be turned off.
- School staff will support drivers of any privately owned vehicles transporting children on school related trips to ensure that all children are seated appropriately in a booster seat if under 148cm.
- If children are travelling in privately owned motor vehicles, completion of the school's child passenger safety contract is part of the school trip planning procedure.
- On buses, at least one Teacher/adult must be present on each bus and all children must be seated.
- Police vetting policy is followed for camps in Yr 4-6

The safety of our children is a paramount consideration.

Dave Shadbolt _____
(Principal)

Fiona Barker _____
(Chairperson)



8 Seaview Terrace. Mt Albert 1025. Ph 09 8469744. Fax 09 846 8874. www.gladstone.school.nz

SPORTS TRIP INFORMATION AND PERMISSION SLIP

DATE: _____

Dear Parents/Caregivers,

_____ has been selected to represent our school in the School / Interzone
 _____ and will be travelling by _____

Please note the following information:

Date(s) of Trip: _____

Time of Departure: _____

Time of Return: _____

Cost of trip/ visit \$ _____ (payable to the teacher in charge with the signed permission slip)

Equipment/clothing required:

(Parental assistance is required and encouraged. Please note on the return slip if you are available.)

Teacher in Charge: _____ Signed: _____

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SPORTS TRIP RETURN SLIP

SPORTS TRIP TO: _____

I give permission for _____ of Room _____ to participate in this sports trip.

1. I am able to accompany the group Yes No

2. I can provide transport as a driver Yes No

(If yes, please complete a-e)

I confirm that: (please tick to indicate positive response)

- a. I have a current drivers licence
- b. My vehicle has a current warrant of fitness
- c. I will ensure that all children are wearing a diagonal seat belt or appropriate child safety harness
- d. I can transport _____ children in my car
- e. I am insured at least for third party risks

Name: _____ Signed: _____

Phone: _____ Emergency Contact: _____

Please complete and return by: _____



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APPLICATION FOR DAY TRIP / VISIT/ SPORTS TRIP

Please complete and submit this form along with the RAMS form two weeks before the excursion to the Associate Principal, Administration and External Relations.

DATE OF TRIP / VISIT:

DESTINATION:

TEACHER IN CHARGE:

MOBILE PHONE:

ROOM	NUMBER OF STUDENTS	TEACHER	NUMBER OF ADULTS		
					Number of Teachers:
					Number of other Adults:
					Total Number of Children:
					Ratio: NB high risk activities & Bush/Boat or Water 1:4; minimum for all other activities 1:6

NB: Attach Name List (including Staff, Parents, Students, other). Non participants to be placed in other classes. Attach details.

Depart School at:

Depart Venue at:

Arrive Back at School:

Method of Transport: Bus Car Walking

If Bus: Company Name:

COST ANALYSIS	Detail	Cost
	Transport	
	Total Cost	
	Cost per Student	

Learning Outcomes of Visit/Trip	(List, or attach copy of 'unit plan')

In School Duties covered: (if applicable) Yes
 By whom? _____

- Copy of Permission Slip letter to parents attached? Yes
- Parent/Support Person Code of Conduct will be given to parent helpers Yes
- “RAMS” form completed and attached? Yes

I agree to take full responsibility for this trip/visit and will ensure that school policies are adhered to at all times. The Associate Principal, Administration and External Relations support this proposal.

Teacher in Charge: _____ Associate Principal: _____

Date: _____ Date: _____

OFFICE USE ONLY

This trip/visit is approved/is not approved based upon the details provided above.

- Original copy to Teacher in Charge Yes No
- Copy to Administrative Assistant Yes No
- Copy to Principal



CAMP CONSENT & MEDICAL FORM

PERMISSION - CROSS OUT EITHER 1 OR 2

1. I approve of _____ attending camp at Carey Park, Henderson Valley and in the event of emergency I authorise the obtaining of qualified medical assistance deemed necessary by the teacher in charge.
2. I do not approve of _____ attending camp.

3. Signed: _____ Parent/Caregiver Date: _____
(please write clearly)

4. Child's Name: _____ 5. Date of Birth: _____

6. Room: _____

7. Home Address: _____

8. Home Phone No: _____ Mobile No: _____

Email: _____

9. Work Phone No: _____ (Caregiver 1) Name (print): _____

_____ (Caregiver 2) Name (print): _____

10. Emergency Contact Person: _____ Relationship: _____

Phone No: _____

11. MEDICAL:

Family Doctor's Name: _____ Surgery Phone Number: _____

Please tick if your child suffers any of the following:

- | | | | | |
|---------------------------------------|---|--|-----------------------------------|--|
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine | <input type="checkbox"/> Travel sickness |

Other _____

Allergies to: (This is NOT the place to write what food your child dislikes)

Penicillin _____ Other drugs _____

Any foods _____ Other _____

Severity: mild / moderate / severe

What special care is recommended? _____

Tetanus immunisation – year of last tetanus immunisation _____

(Tetanus immunisation is normally given at four to five years of age (as Infanrix-IPV or DTap-IPV) and at eleven years of age (as Boostrix dTap)

Tablets and medicines – is your child presently taking tablets and/or medicine: Yes No
If yes, please state name of medication, dosage, times to be taken etc

All medication must be handed to the teacher-in-charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept with a teacher/parent and distributed as required). If it is necessary or appropriate for your child to carry his or her own medication (for example, asthma puffers) it must be with the knowledge and approval of both the teacher-in-charge and yourself.

Previous experience – is this the first time your child has been away from home? Yes No

- **does your child sleep with a light on at home?** Yes No

No

CONSENT TO MEDICAL ATTENTION

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- Administer such first aid as the teacher-in-charge may judge to be reasonably necessary.

I also agree to reimburse the school for any medical costs incurred eg. Medical Centre charges, prescriptions, X-Rays

Signature of Parent/Caregiver _____ **Date:** _____

12. Any specific food needs e.g. vegetarian _____

13. **CHARGES** – I agree to pay the full cost of the camp by the 5th December 2014. **This is \$265.00**

14. **BEHAVIOUR** - Please discuss beforehand with your child behaviour expected whilst on camp. The same policies at school are to be adhered to whilst away.

Should any serious behaviour problem arise which would be detrimental to the well-being of others present I understand _____ will be sent home at my expense.

Signed: _____ **Parent/Caregiver**

If there are any matters of concern regarding your child please contact the classroom teacher immediately.

15. **PARENT HELPER** – Please cross one option out

I am able to attend camp as a Parent Supporter.

I am not able to attend camp as a Parent Supporter. Further details will come home from the Camp Organiser soon.

I understand that I would be there as a general helper and not specifically for my own child. Teachers will have ultimate responsibility and I will not provide my child with anything special that other children do not receive. For example: organising their clothing/bedding etc each morning or night, providing special food, travelling by car etc.

All children travel by the bus and eat only the food that is provided for them by the camp.

Please state any special skills you have that would benefit our camp. _____



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DAY TRIP INFORMATION AND PERMISSION SLIP

DATE:

Dear Parents/Caregivers,

_____ will be going on a day trip / visit to _____
and will be traveling by _____.

Please note the following information:

Sorry Pre-schoolers cannot attend this trip

Date(s) of Trip:

Time of Departure:

Time of Return:

Cost of trip/ visit

Equipment/clothing required:

(Parental assistance is required and encouraged. Please note on the return slip if you are available.)

Teacher in Charge: _____ Signed: _____

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DAY TRIP RETURN SLIP

SCHOOL TRIP TO:

I give permission for _____ of Room _____ to participate in this trip.

1. I am able to accompany the group Yes No

2. I can provide transport as a driver Yes No

(If yes, please complete a-e)

I confirm that: (please tick to indicate positive response)

- a. I have a current drivers licence
- b. My vehicle has a current warrant of fitness
- c. I will ensure that all children are wearing a diagonal seat belt or appropriate child safety harness
- d. I can transport _____ children in my car
- e. I am insured at least for third party risks

Name: _____ Signed: _____

Phone: _____ Emergency Contact: _____

Please complete and return by:

RISK ANALYSIS AND MANAGEMENT SYSTEM (RAMS)

Please complete and submit this form along with the applicable Day Trip/ Visit or School Camp Application to the Associate Principal, Administration and External Relations. Part A is completed prior to the trip/visit or camp and Part B within 2 days of completion of trip/visit/camps.

Proposed activity:	Mode of transport:	Today's date:
Location:	Date of activity:	
Staff member in charge:	RAMS prepared by:	
Rooms involved:	Year levels:	Total no of chn:
Staff involved:		
Number of other adults:	Ratio: 1:	Mobile & Contact name:

PART A: PRIOR TO TRIP

THINGS THAT COULD GO WRONG eg accident injury	WHAT COULD CAUSE IT TO GO WRONG? People/ equipment/ environment	RISK MANAGEMENT – how could you prevent it going wrong?	WHOSE RESPONSIBILITY IS IT?	WHEN? WHERE WILL IT BE DONE?	EMERGENCIES What will you do if things do go wrong?
<ul style="list-style-type: none"> ▪ Chn fall in water 	<ul style="list-style-type: none"> ▪ Not staying with group ▪ Not following rules 	<ul style="list-style-type: none"> ▪ Rules / expectations clearly explained to chn 	<ul style="list-style-type: none"> ▪ Classroom teacher to make sure all adults & chn informed 	<ul style="list-style-type: none"> ▪ Newsletters to go home to helpers before trip 	<ul style="list-style-type: none"> ▪ Classroom teacher/ experienced adult to take charge & get child to safety

GROUP MEMBERS REQUIRING SPECIAL CONSIDERATION

HEALTH:

BEHAVIOUR:

OTHER:

Pre-Activity Checklist: (tick if yes)

Off site venue visited

All relevant school application forms completed and attached

Parent permission letter/ slip and medical forms (if applicable) attached

RAMS form to all teachers

On the Day: (tick if yes)

Medication

First Aid Kit

Mobile

Equipment checked

Comments:

SIGHTED BY ASSOCIATE PRINCIPAL, ADMINISTRATION & EXTERNAL RELATIONS

Yes

No

Signed: _____
Teacher in Charge

Associate Principal, Administration & External Relations

Date: _____

Date: _____

Approved

Declined

Signed: _____
Principal

Date

PART B: AFTER TRIP Evaluation of Risk Analysis after Activities

Please return this form to the Associate Principal, Administration & External Relations within 2 days of the trip / visit or camp

ACTIVITY: _____

DATE OF ACTIVITY: _____

STAFF MEMBER IN CHARGE: _____

ROOMS INVOLVED: _____

Years (highlight) 1 2 3 4 5 6

Were any of your risks realized? Comments (if answer is yes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did your management procedure work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were there any risks you did not foresee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What needs to be modified in either the activity or the risk management system if this activity took place again?		

Signed: _____

Teacher in Charge

Date: _____