



# Falcon Primary School

## EXCURSION POLICY

Revised 2012

### RATIONALE

- Excursions are strongly encouraged as a means of providing students with opportunities to learn from the wider community
- The *School Education Act 1999* requires principals and teachers to ensure the safety of students in their care. Activities conducted off school site involve greater risk and therefore require a higher standard of care. This includes careful planning that address risk factors that may exist for staff and students
- Teachers involved in off-site excursions are entitled to the same conditions of employer support that apply to teachers in the school setting, including worker's compensation and insurance

### POLICY

1. An excursion is any student-learning activity conducted outside a school site that is organised and supervised by teacher(s) employed under s235 of the *School Education Act 1999* and approved by the school principal.
2. A water-based excursion is where activities occur in or around water and present a risk to the safety of students. **Reference should be made to the Water-based Excursions Procedures and Guidelines on the Intranet.**
3. All excursions (including water-based excursions) require the approval of the principal. This needs to occur at least four weeks prior to the excursion and submitted on the form 'Application for Excursion' (Appendix A). Each excursion must have a teacher-in-charge.
4. Informed Consent from parents/guardians must be provided before students can participate in an excursion. This includes information on excursion purpose, date(s), activities to be undertaken, duration of activity(s), location of activity(s), student contact arrangements, transport, cost, supervision provided, staff action in case of accident/illness, liability for loss/damage and medical costs, special clothing or other items.
5. Students whose parents do not approve participation in an excursion must be provided with appropriate alternatives at school. This should be negotiated through a Deputy Principal.
6. All teachers participating in an excursion owe a Duty of Care to participating students for the duration of the excursion. The level of supervision is dependent on the age of students, experience and ability of students, student medical conditions or disabilities, supervisor(s) competence/experience, nature of the environment, location of activity and the weather. For water-based excursions the minimum requirement is two supervisors, one of which will be qualified (bronze medallion or equivalent).
7. A Checklist for Excursions (Appendix B), Pricing Worksheet (**see Registrar**) and Student Health Form - if staying overnight and must be taken by teacher-in-charge (Appendix E) must all be completed and returned prior to departing on the excursion.

8. The school must retain all excursion records (including consent from parents and appropriate forms) for a period of seven years.
9. All volunteers (non Department employees) participating in excursions must complete a *Confidential Declaration* indicating their probity with regard to being near students. Volunteers assisting on school camps must undertake a 'Working with Children Check' (applications through Australia Post).
10. If an excursion is not approved by the principal it is regarded as a private excursion and therefore the Department of Education nor the school accepts responsibility for teachers or students.
11. The Department of Education provides public liability insurance and workers' compensation insurance cover for all employees on principal approved excursions. This RiskCover does not cover loss or damage of personal belongings (including vehicles). Volunteer workers, who, with the approval of the principal, have a supervisory role during an excursion, are covered during performance of duties by personal accident insurance and public liability insurance. There is no insurance for loss or damage to their personal property.
12. Excursions are not to be conducted in the Wittenoom town-ship or locations near the Wittenoom mining area. Wittenoom is not to be used as a base for excursions into the Karijini National Park.

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### **EXCURSION PLANNING CHECKLIST**

- Completed an *EXCURSION PRICING WORKSHEET* and submitted to Registrar?**
- Bus booking completed through school order form (confirm this 48hrs before excursion)**
- Confirmed dates with contact person at VENUE (including use of venue services)**
- INFORMED PARENTAL CONSENT (information and consent) gained**
- Specific Student Health Care needs determined including MEDICAL CONSENT FORM**
- FIRST AID equipment and MOBILE TELEPHONE arranged**
- Telephone number of venue provided to Reception staff**
- Safety vehicle for emergencies, bus breakdown (if camping overnight)**
- Relief teacher organised for duty**
- Program of instruction for those students not attending excursion**
- Check absentees before leaving. Inform office of students being taken/those absent**
- Canteen – do they know?**
- Reception staff – do they know?**
- Parent helpers on excursion –completed CONFIDENTIAL DECLARATION FORM**
- Parent helpers on camps –undertaken 'WORKING WITH CHILDREN CHECK'**



**APPLICATION FOR EXCURSION (Four weeks prior to excursion)**

Please complete all sections of this form and return to the Principal for approval four weeks prior to the excursion.

NAME OF TEACHER(s): \_\_\_\_\_

YEAR LEVEL(s): \_\_\_\_\_ EXCURSION DATE (s): \_\_\_\_\_

LOCATION of EXCURSION: \_\_\_\_\_

NUMBER OF STUDENTS ATTENDING: \_\_\_\_\_ GIRLS: \_\_\_\_\_ BOYS: \_\_\_\_\_

TOTAL NUMBER OF ATTENDING STUDENTS: \_\_\_\_\_

(The above numbers are proposed numbers only at time of this application. Please confirm.)

COST (per student): \_\_\_\_\_ MODE OF TRANSPORT: \_\_\_\_\_

List students with physical/intellectual disabilities (please consider in terms of assessing student risk due to physical/severe/mild/learning difficulties) \_\_\_\_\_

**Excursion Purpose & Proposed Activities to be Undertaken** (please add by attachment if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this excursion subsidised? \_\_\_\_\_ By whom and by how much? \_\_\_\_\_

Staff Attending (specify): \_\_\_\_\_

Parent/Volunteers Attending (specify): \_\_\_\_\_

(Confidential Declaration/Code of Behaviour must be completed and attached)

Information/Consent of Parents: Yes/No *(A copy of the draft letter to parents must be attached)*

Any Additional Information (please specify): \_\_\_\_\_

Arrangements for students not participating \_\_\_\_\_

Signature of TEACHER-IN-CHARGE: \_\_\_\_\_

I am satisfied that appropriate planning has taken place to this point. I approve this excursion.

I am not satisfied that duty of care and safety of participants has occurred. Please re submit with evidence of the following \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_



**EXCURSION MANAGEMENT PLAN (One week prior to excursion)**

**PURPOSE OF THE EXCURSION**

- How does this Excursion relate to the school's educational program?
- What are the anticipated outcomes for students?

Completed

**1. ASSESS THE RISKS**

**1.1 Assess the environment**

- Where are you going? (location)
- How have you assessed the suitability of the venue(s)? (visit, website, phone call)
- For an overnight stay (s), what are the accommodation requirements?
- What risks have you identified in the environment?
- How will you minimise these risks?
- Add further relevant information

Completed

**1.2 Assess transport arrangements**

- How will the students be transported to, from and during the Excursion?
- If applicable, how have you determined that driver's and vehicles are appropriately registered?
- Add further relevant information

Completed

**1.3 Assess the students' capacity**

- Which students are participating in the Excursion (Attach List)
- List students attending with Special Needs and specify what this is.
- Which students require Medical Plans? (Attach copies)
- What activities will the students be doing?
- What specific skills, if any, do students require to participate safely?
- How will you accommodate students who do not have the prerequisite skills for the planned activities?
- Add further relevant information.

Completed

**1.4 Assess the capabilities of the supervisory team**

- **What specific skills and/or qualifications, if any, do supervisors require for this Excursion?**
  
- **Name teachers and parents supervising students.**
- **Confidential Declaration and/or Working With Children's Check requirements.**
- **Please ensure contact numbers are listed and accessible.**

**1.5 Assess the involvement external providers**

- **Who is the external provider(s)?**
- **What are the responsibilities of the external provider(s) on this Excursion?**
- **Have you established that external providers working with children have a current National Criminal History Record Check AND a Working With Children's Check?**
- **Have you assessed the competency of external providers working with students?**
- **What level of Public Liability Certificate is held by the external provider? Include a copy of the Venue Public Liability Certificate. Include a copy of the Emergency Plan or dot details.**
- **Add further relevant information**

Completed

**2. ESTABLISH SUPERVISION STRATEGIES**

- **What is the supervisor to student ratio?**
- **What strategies will be used to supervise students?**
- **For Excursions involving an overnight stay, what is the gender balance between students and supervisors?**
- **Add further relevant information.**

Completed

**3. IDENTIFICATION OF EXCURSION PARTICIPANTS****How will students and supervisors be identified during the Excursion?**

Completed



Completed

**4. INFORMATION AND PARENT CONSENT**

- **What information will be provided to parents for their consent? Attach information (parent permission and health forms)**

Completed

**5. DEVELOP COMMUNICATION STRATEGIES**

- **How will you communicate with all members of the group during this Excursion?**
- **What is the communication strategy in the event of an emergency?**
- **Add relevant information.**

**Information that must be left at the Front office**

*Name and Address of venue/contact number of venue*

*List of students attending (not the proposed list) and the Year Groups*

*Name and contact of Bus Company*

*Times of Excursion – BUS LEAVES at..... BUS ARRIVES at.....*

**6. COMPLETE EMERGENCY RESPONSE PLANNING**

Completed

- What is the Emergency Response Plan?
- What provisions are made for students with identified health care needs?
- Add further relevant information.

**7. BRIEF STUDENTS AND SUPERVISORS**

Completed

How will students and supervisors be briefed on responsibilities and obligations.

Completed

**8. RETAIN EXCURSION RECORDS**

All copies taken by the office and maintained for seven years.

**9. APPROVALS**

The level of Approval for this Excursion – Principal, Regional Executive Director, Director General of Education.

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 \_\_\_\_\_



**FALCON PRIMARY SCHOOL**

**MEDICAL FORM**

**CONFIDENTIAL**

This confidential information will assist the school and supervising staff in case of any emergency with your child.

**Student Name**.....**Date of Birth**.....

**Parent/Guardian full name**.....

**Address**.....**Postcode**.....

...

**Parent/Guardian Contact:**

**Home**.....**Mobile**.....**Work**.....

**Emergency Contact Name:** ..... **Phone:** ..... **Mobile:** .....  
(Other than parent/guardian)

**Family Doctor**.....**Telephone Number**.....

**Doctor's Practice:** ..... **Medicare Number**.....

**Private Health Fund** (name).....(membership number).....

**Ambulance Fund** (membership number)..... **Swimming Stage** (achieved by child).....

Is your child subject to any of the following (please tick):

- Travel sickness       Bedwetting       Sleepwalking
- Fits (of any kind)       Migraine       Heart condition
- Dizzy spells       Blackouts       Asthma (mild / severe) Please circle one
- Other (Please specify).....
- \*Medication currently being taken: .....

Is the child allergic to any of the following (please tick):

- Penicillin
- Other drugs (specify).....
- Foods (specify).....
- Other allergies (specify).....

Please tick where appropriate:

- Permission to call Doctor
- Permission to call Dentist
- Permission to administer First Aid

Date of last **Tetanus** injection..... Age or date of last **MMRI** injection: .....

\* Arrangements for safe-keeping and handling of medicines are to be made prior to the excursion. Student Health Care Authorisation by prescribing doctor must be completed and attached to this form. Written permission is required for any student self-administering medication (please attach to this form).

**Parent/Guardian signature:**.....**Date**.....





~APPENDIX D~

**FALCON PRIMARY SCHOOL**

**DECLARATION BY OWNER/DRIVER OF PRIVATE TRANSPORT FOR  
SCHOOL EDUCATION EXCURSIONS**

I declare that the following items follow legal compliance for the driving of a private motor vehicle.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Driver licence valid (not expired or under suspension)  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. The driver has clear and full control of faculties (no injuries, vision impairment or other temporary disability) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. The driver is not under the influence of alcohol or drugs   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. The tyres of the vehicle have the legal depth of tread  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. The brakes function safely in order to perform an emergency stop  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. There are sufficient set belts for each occupant of the vehicle   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. The vehicle is covered by a comprehensive insurance policy  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Written parental consent has been received for each student in the car  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Signed \_\_\_\_\_  
*Owner/Driver*

\_\_\_\_\_  
*Date*

Signed: \_\_\_\_\_  
*Principal*

\_\_\_\_\_  
*Date*



~APPENDIX E~

**FALCON PRIMARY SCHOOL**

**CONSENT FORM FOR TRANSPORTING STUDENTS IN A PRIVATE VEHICLE**

Permission is sought to transport your child in private transport as part of a school excursion/camp. Details are as follows:

Name of Student \_\_\_\_\_

Transport to/from (location) \_\_\_\_\_

Date/s \_\_\_\_\_

Status of Driver (eg Parent/Teacher) \_\_\_\_\_

**Note. The driver has signed a declaration form confirming the following details:**

- A valid drivers licence (not expired or under suspension)
- The tyres of the vehicle have the legal depth of tread.
- There are sufficient seat belts for each occupant of the vehicle.
- The vehicle is covered by a comprehensive insurance policy.
- The brakes function safely in order to perform an emergency stop.
- The driver has clear & full control of facilities (no injuries, vision impairment or other temporary disability).
- The driver is not under the influence of alcohol or drugs.

**The Principal will cite the driver's licence and vehicle.**

Please complete the permission slip below and return to school.

✂-----

Name of Student \_\_\_\_\_

Room \_\_\_\_\_

I have read the details concerning transporting my child in a private vehicle and grant permission for this to occur.

Signature of Parent /Guardian \_\_\_\_\_

Date \_\_\_\_\_



~APPENDIX F~

### Avalon Beach Excursion Checklist

Teacher \_\_\_\_\_ Room \_\_\_\_\_ Number of Students \_\_\_\_\_

Date of Excursion \_\_\_\_\_

Please ensure the following and return to relevant deputy for endorsement.

- A mobile phone accompanies the excursion (phone number on office whiteboard)
- Medical details information for each student accompanies the excursion
- Contact details for each student accompanies the excursion
- All students attending have returned completed Consent Form
- Student medication and 1<sup>st</sup> Aid Kit carried
- Admin member informed of departure and return times and proposed activities
- At least 2 adults attend (more if activities require)
- Students in full school uniform with covered shoes and a school hat
- Supervision provided for students not attending
- Parent helpers have completed Confidential Declaration
- All students accounted for before, during and after excursion

#### Emergency Response Plan

- On arrival a Meeting Place is established. Excursion rules and emergency procedures are explained to all participants
- On the Emergency Signal (3 whistles) all attendees assemble at the Meeting Place
- School is informed of emergency by mobile phone
- Assistance from admin is requested if necessary.

#### ENDORSEMENT

\_\_\_\_\_

- ADRIAN PERRY  
ASSISTANT PRINCIPAL  
FALCON PRIMARY SCHOOL

or

\_\_\_\_\_

- TIFFANY HENNESSEY  
ASSISTANT PRINCIPAL  
FALCON PRIMARY SCHOOL

#### APPROVAL

\_\_\_\_\_

- WARREN BACHMAN  
PRINCIPAL  
FALCON PRIMARY SCHOOL