

POLICY STATEMENT

EXCURSIONS AND OVERNIGHT STAYS

Our Excursions fall into one of three categories which are:

Major Excursions:

These usually occur annually and involve overnight accommodation and travel.

Forms required:

Appendix 6 (Consent and Medical Information for Excursion form)

Appendix 4 (Administration of Medication)

Minor Excursions:

Can occur at any time and involve one day or part day. These involve travel out of the Moree 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 5 (Consent and Medical information for minor excursions)

Appendix 4 (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.

AIMS

- * that every child will have the opportunity to participate in grade excursions.
- * that excursions will be relevant to subject matter under study.

IMPLEMENTATION

1 Introduction

- 1.1 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.
- 1.2 The following information is designed to ensure the safety of students and to minimize the possibility of litigation against the school. Reference is to be made to the Guidelines for the Safe Conduct of Sport and Physical Activity in Catholic Schools.
- 1.3 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.

- 1.4 There exists a special duty of care between the teacher and student. The duty exists both during and outside of normal school hours.
- 1.5 Activities chosen for school excursions must be suitable for children of the age, experience and capacity of those participating.
- 1.6 Provision must be made for students with special needs.

2 **General Principles**

- 2.1 The need for each excursion must be based upon an assessment of the merits of the learning experience.
- 2.2 Each excursion must have clearly articulated objectives and expected outcomes as reflected in relevant teaching programs.
- 2.3 There must be adequate preparation of students for the excursion.
- 2.4 Students and parents/guardians must have a clear understanding of the school's expectations of students' obligations and required behaviour.
- 2.5 Each excursion must be evaluated in terms of its objectives and outcomes.
- 2.6 Practice relating to Child Protection must apply.
- 2.7 An adequate supervision ration is to be maintained at all times. The ratios are:

K-2 = 1:5
3-6 = 1:10
7-10 = 1:10

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

3. **Before the Excursion**

The supervising teacher(s) must observe the following requirements:

- 3.1 Discuss merit of the excursion with Assistant Principal.
- 3.2 Submit Appendix 1 to the Finance and Administration Officer for costing and Executive approval.
- 3.3 Provide complete excursion details to parents/guardians where practical, at least **four weeks before** the excursion, to ensure that consent forms are detailed and returned signed to the school. Five copies of the parental correspondence to be given to the school Secretary. Copies of the consent forms and other relevant information must be prepared and taken on all day or overnight excursions.
- 3.4 Ensure parents/guardians and students understand that if it is necessary for a student to be sent home because of gross misbehaviour, health reasons, homesickness or for similar reasons, the associated costs are the responsibility of the student's parents/guardians.
- 3.5 Ensure parents/guardians have sufficient advance notice of financial costs. Finance difficulty

clause to be included in all notes.

- 3.6 Ensure no student is excluded from compulsory excursions because of their financial circumstances.
- 3.7 Ensure adequate preparation and planning takes place for all excursions. If possible have a good knowledge of the location of the excursion and visit any unfamiliar location and terrain before hand.
- 3.8 Personnel with **first aid training** must be present on all excursions.
 - 3.8.1 A teacher (or other adult authorised by the Principal) with elementary first aid training must be assigned to any excursion. This training must be renewed at two year intervals.

- 3.8.2 For excursions involving water activities and for overnight excursions, a teacher (or other adult authorised by the Principal) with a current qualification in Cardiopulmonary Resuscitation (CPR) must accompany the students. This qualification must be renewed annually.
- 3.9 Ensure that a properly equipped First Aid kit is taken on the excursion.
- 3.10 Notification must be given to the canteen if appropriate.
- 3.11 When billeting is used:
- 3.11.1 information is provided to parents concerning transport, venue, billeting and supervision arrangements.
 - 3.11.2 all billeting families are screened for their suitability by the host school, students and billeting families are provided with emergency contact number of a supervisor teacher,
 - 3.11.2 students should be billeted in pairs where practical.
- 3.12 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 students.
- 3.13 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.
- 3.14 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)
- 3.15 Ensure detailed medical information has been obtained from parents/guardians prior to any overnight excursion.
- 3.16 Where appropriate a separate Action Plan devised by a student's doctor should be available for those students who may require emergency assistance (e.g. severe asthma attack, epileptic fit).
- 3.17 Complete excursion detail form and hand to the school office at the time of departure, (Appendix 2)

4 During the Excursion

The supervising teacher(s) must observe the following requirements:

- 4.1 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.
- 4.2 Actively supervise students even when a particular activity is being conducted by a trained person who is not a teacher.
- 4.3 Promptly inform the Principal if a student has been involved in an accident.
- 4.4 Promptly complete any relevant accident documentation after an accident.
- 4.5 Ensure where transportation is needed that:
 - 4.5.1 adequate transport is provided for the number of people involved in the excursion,
 - 4.5.2 all normal safety rules apply,
 - 4.5.3 all students are to have a seat and to use the appropriate restraint (when fitted) when travelling by car, bus, train or plane.
- 4.6 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.
- 4.7 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.
- 4.8 Where practical a mobile phone, phone card and change should be taken on any excursion.

5 Administration of Medication

- 5.1 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.
- 5.2 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.
- 5.3 Appropriate equipment for administration, e.g. medication measures, must be supplied by parents.
- 5.4 All prescribed medication must be kept securely at all times.
- 5.5 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.

6 Overseas Excursion

Overseas visits by groups of students are not permitted without the express approval of the Director. Approval will be given only if a group:

- 6.1 establishes there will be significant educational benefits to the students;
- 6.2 proposes to undertake activities that are not available in Australia;

- 6.3 proposes to undertake the tour substantially in vacation time;
- 6.4 organises the costs so that there is no undue financial burden imposed upon individual members of the group;
- 6.5 ensures any application for approval by the Director is made at least four months prior to the date of the planned visit.

Principals should be careful not to raise the expectations of students and parents before approval is gained. The matters outlined relating to the conduct of excursions also apply to overseas visits.

Overseas visits may only be booked with Australian-registered travel companies. A travel insurance policy that covers cancellation of all or part of the visit plus medical expenses is a prerequisite before approval by the Director.

EVALUATION

- Evaluation must be in the form of classroom follow-up centred on the educational outcomes of the excursion and student involvement. These should be in relation to the objectives of the excursion.
- Complete excursion evaluation report form (Appendix 3).



ST PHILOMENA'S SCHOOL MOREE
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Date received:/..... <input type="checkbox"/> Costed

28.08.09

EXCURSION 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

Justification/Curriculum link.....

Class or group involved No. of children No. of staff:.....

Venue.....

Location.....Contact Phone Number(s).....

Organising Teacher.....

Other teachers involved

Names of parents involved

Mode of transport: WALKING HIRED BUS Operator:

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

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

Departure date Time of Departure

Return date Estimated Time of Return

Costs other than Buses.....

- 1) Is the provision of food included in the costs YES / NO
- 2) Canteen has been notified? YES / NO
- 3) Mobile Phone booked? YES / NO
- 4) Requisition form? Please book First Aid Equipment/ eskys/ water bottles/ cameras/ tents etc
- 5) Excursion added to Term calendar? YES/NO

Please complete this form and return it to the miscellaneous tray two weeks before the excursion in order to obtain approval and quotes.

Approval signatures:

Co-ordinator

Date:.....

Assistant Principal

Date:.....

Principal

Date:.....

Accommodation Arrangements (for overnight stays).

Date	Accommodation details, ie address and phone (If same for all nights please indicate)
1st night	_____
2nd night	_____
3rd night	_____
4th night	_____
5th night	_____
6th night	_____
7th night	_____

Office Use Only

Mode of Transport

If a bus is to be used, the name of operator or company.....

Phone

Price of Quote

Estimated Cost per Child on Bus

Cost to be charged per Pupil for Excursion.....

Cost approval: (ML) *Finance Officer*



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Appendix 2

EXCURSION DETAILS

(to be handed to the office at time of departure)

DATE:

CLASS: **NO. OF STUDENTS:**

LOCATION:

CONTACT: **PHONE:**

TEACHERS INVOLVED:

.....

PARENTS ATTENDING:

.....

DEPARTURE TIME:

TIME OF RETURN:

STUDENTS NOT ATTENDING:

.....

.....

LOCATION OF SUCH STUDENTS:

.....

.....

GENERAL INFORMATION:

.....

PLEASE ATTACH A LIST OF STUDENTS ATTENDING THE EXCURSION



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Appendix 3

EXCURSION EVALUATION REPORT FORM

ACTIVITY

CLASS/S CONCERNED: TEACHER IN CHARGE:

Location: Actual cost per pupil:

Date of excursion: No. of staff:

1. WERE TRANSPORT ARRANGEMENTS SUITABLE?
-
2. HOW DID THE STUDENTS BEHAVE?.....
-
3. IS THE FUNCTION TO BE RECOMMENDED?
-
4. Anything worth noting for future excursions of this type?
-

Overnight excursions

- 5 (a). Accommodation?
-
5. (b). Food - breakfast etc?
-
6. Any other comments?
-

TEACHERS SIGNATURE: DATE:



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Appendix 4 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:	
				Administered by	Time and Date
		Minor head aches, fevers and pain		Administered by	Time and Date
		Travel sickness		Administered by	Time and Date
				Administered by	Time and Date



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APPENDIX 5
CONSENT AND MEDICAL INFORMATION FOR MINOR EXCURSIONS

CHILD'S NAME: CLASS

ADDRESS PHONE:

MEDICARE NUMBER:

PRIVATE HEALTH COVER: Yes/No Fund

If yes, name insurance is held in

Parental Consent (sign only those appropriate to your child)	Parent Initial
My child has permission to attend the (insert location and dates and cost of excursion)	
I understand and accept, on my child's behalf, the risks associated with playing contact sports	
In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance as my son/daughter requires.	
I accept all surgery, blood transfusion and/or anesthetic risks involved.	
I accept the responsibility for payment of any medical costs incurred.	
I understand that the school will take all the necessary steps to ensure the safety and well being of my child while on tour.	

ALLERGIES/ASTHMA

Please List any allergies such as food, insect stings, drugs, etc. Clearly explain asthma symptoms. If reaction is severe, please make certain that the severity of their reaction is clearly indicated. If more space is required to explain the medical concern, attach the explanation on a separate sheet of paper.

Allergy/Asthma (please include trigger)	Rate Severity			Usual treatment
	mild	severe	life threatening	
	mild	severe	life threatening	
	mild	severe	life threatening	
	mild	severe	life threatening	

	Name	Relationship to child	Contact numbers	
1 st preferred contact			Work	
			Home	
			Mobile	
2nd preferred contact			Work	
			Home	
			Mobile	
3rd preferred contact			Work	
			Home	
			Mobile	

The name and address of my family doctor is

Doctors Name	Address	Phone
		Bus: A/H

DATE:.....
 (Father/Mother/Guardian)

SIGNED:.....



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APPENDIX 6

CONSENT AND MEDICAL INFORMATION FOR MAJOR EXCURSIONS

CHILD'S NAME: CLASS

ADDRESS PHONE:

MEDICARE NUMBER: TRAVEL INSURANCE NUMBER:

PRIVATE HEALTH COVER: Yes/No Fund

If yes, name insurance is held in

Parental Consent	Parent Initial
My child has permission to attend the educational excursion to (insert location , dates and cost of excursion)	
In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance as my son/daughter require.	
I accept all surgery, blood transfusion and/or anesthetic risks involved.	
I accept the responsibility for payment of any medical costs incurred.	
I understand that the school will take all the necessary steps to ensure the safety and well being of my child while on tour.	
I understand that should it become necessary for alternate arrangements to be made to transport my child home (eg due to medical emergency or my child being removed from the excursion due to behavioural issues) that I am liable for the associated costs involved	

Indicate if your child has HAD any of the following illness, conditions or immunisations *Please circle appropriate response and initial.*

Appendix removed	Yes / No	(parent initial)	Measles	Yes / No	(parent initial)
Mumps	Yes / No	(parent initial)	Chicken Pox	Yes / No	(parent initial)
IMMUNISATION STATUS- up to date?					
Diphtheria	Yes / No	(parent initial)	Hepatitis B	Yes / No	(parent initial)
Whooping Cough	Yes / No	(parent initial)	Polio	Yes / No	(parent initial)
Tetanus	Year of Last Injection (compulsory)			Parent Signature	

ALLERGIES/ASTHMA

Please List any allergies such as food, insect stings, drugs, etc. Clearly explain asthma symptoms. If reaction is severe, please make certain that the severity of their reaction is clearly indicated. If more space is required to explain the medical concern, attach the explanation on a separate sheet of paper.

Allergy/Asthma	Rate Severity			Usual treatment
	mild	severe	life threatening	
	mild	severe	life threatening	
	mild	severe	life threatening	
	mild	severe	life threatening	

MEDICAL CONDITIONS

(1) Does your child/ward suffer from any medical conditions, physical handicaps or disabilities of which the school should be aware?

Please explain: _____

(2) Can your child/ward participate fully in the school excursion? Yes: / No: _____

If No, please explain: _____

(3) Please check off any significant medical conditions, physical limitations or any other concerns which might affect your child's full participation in the excursion, and give details of usual treatment

	Details	Usual treatment
Epilepsy		
Diabetes		
Migraine Headaches		
Chronic Nosebleeds		
Recent illness or operation		
Sleepwalking:		
Rheumatic fever		
Bed wetting		
Prone to travel sickness (car, bus)		
Prone to motion sickness (plane, boat)		
Other		

Does your child have any emotional or behavioral problems which should be brought to our attention? Please give details and other information which could be important.

.....

Any additional aspects that staff should be aware of:

.....

In the case of accident or illness, please endeavour to contact the following persons:

	Name	Relationship to child	Contact numbers	
			Work	Home
1 st preferred contact			Work	
			Home	
			Mobile	
2nd preferred contact			Work	
			Home	
			Mobile	
3rd preferred contact			Work	
			Home	
			Mobile	

The name and address of my family doctor is

Doctors Name	Address	Phone
		Bus: A/H

Please note it is your personal responsibility to advise the school regarding any alterations to the information supplied on this form

DATE:.....
(Father/Mother/Guardian)

SIGNED:.....

Last review March 09 next review March 10