

Excursions - parent consent form

Excursion details – CR 12 Years & Under Cricket Selection Trials			
A detailed itinerary has been prepared for this excursion and is attached for your information. A comprehensive risk assessment has been completed and is available upon request.			
School of Sport Education NT	Central Region	Name of teacher in charge	Fiona Brown
Destination	Jim McConville Cricket Nets	Year level	Grades 4-7
Contact details while on excursion	Teacher in charge – Fiona Brown 08 8951 1586		
Re-occurring	No	Details for re-occurring	
From date Time	29/04/2024 4:30pm	To date Time	29/04/2024 5:30pm
From date Time	30/04/2024 4:30pm	To date Time	30/04/2024 5:30pm
Likely number of students			
Male	20	Total	30
Female	10		
Other			
Likely number of accompanying adults			
Male	2	Total staff	4
Female	2		
Other			
Purpose and rationale for the excursion			
School of Sport Education NT Regional Selection Trials for Inter-region Championships/School Sport Australia Championship – 12 Years and Under Cricket			

Details of the excursion	
Students will undertake various Cricket drills, skill sets, and team play for the opportunity to be selected to represent CR in the Inter-region championships later in the year.	
Student requirements	
Sport specific uniform / footwear, hat, sun block, water bottle, signed parent consent form	
Cost associated with the excursion	
Excursion cost	Nil
Teacher in charge	
Name	Fiona Brown
Signature	<i>Fiona Brown</i>
Date	17/04/2024
Assistant Principal School of Sport Education NT	
Name	Jane Slater
Signature	<i>J.E. Slater</i>
Date	17/04/2024

Excursion details – CR 12 Years & Under Cricket Selection Trials			
Parent			
Please complete all details below and return to the teacher or authorised department officer in charge by 29/04/2024. Failure to do so may result in your child being unable to participate in the activity.			
Student details			
Family name		Student's given name	
Date of birth		Age	
Gender	Male / Female / Other		
Dietary restrictions			
Known allergies This may include drug reactions			
Does your child have a medical condition, physical or psychological limitations or cultural restrictions?			
If yes, please provide any other information you believe may help staff provide the best possible care, attaching information as necessary.			
Current medications If applicable, list name of medications and include instructions. If your child will be taking any medications for example Panadol, it must be handed to the teacher in charge before commencing the excursion.			
Emergency contact details			
Parent's name		Preferred contact	Work/home/ mobile phone
Mobile and home		Work	
Emergency contact name		Preferred contact	Work/home/ mobile phone
Mobile and home		Work	

Parent consent		
<p>Your attention is drawn to the following important points:</p> <ul style="list-style-type: none"> • Students are under the teacher's or supervisor's authority for the duration of the excursion. A student may be returned home at the expense of the parent if the teacher or supervisor considers that circumstances warrant such action. • The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm. • Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent of the student. Parents may wish to take out additional insurance to cover such costs. • Liability for loss, theft or damage to student property is the responsibility of the parent of the student. • Students are not permitted to transport other students in vehicles regardless of written permission being provided. • The parent is responsible for informing the school or preschool of any change in consent to their child attending an excursion and of any changes to student medical details. 		
Permission is given for my child to attend this excursion.	Yes	No
Permission is given for school staff to administer first aid to my child if required.	Yes	No
Permission is given to secure medical attention in case of illness or accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable.	Yes	No
I agree to pay the excursion costs outlined above.	Yes	No
The Excursion policy and guidelines and procedures is available on the department's webpage - https://education.nt.gov.au/policies/school-operations#excursions	Yes	No

Additional Consents

Consent for publication of a student's photo and identification

The Department of Education may record sound and/or vision of a student while participating in a School of Sport Education NT event. Images of students involved in school activities, sporting events and trials are often published by School of Sport Education NT to enable the students to share their experiences and to enable parents and others to be informed about the School of Sport Education's work. Images, vision and audio are NOT shared with third parties.

I hereby give permission for the use of my child's image / name for printed and online promotional purposes including newsletters, social media and websites by School of Sport Education NT, School Sport Australia and the Northern Territory government.

Student image (Photo/ video)		Yes	No
Student voice (Audio)		Yes	No
Student name		Yes	No
Parent's name			
Signature			
Date			

Collection notice

The information collected in this form will only be used for the purpose for which it is being collected. All data will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that every student's right to privacy is maintained. For more information, go to the Department of Education's Privacy policies, located on the Policy and advisory library - <https://education.nt.gov.au/policies/conduct#privacy>.