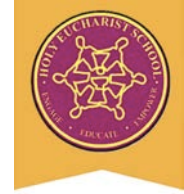




Holy Eucharist Catholic Primary School St Albans South.



OUT OF SCHOOL ACTIVITIES POLICY

**Incorporating: Risk Management on Camp
Out of School Activities/Excursions**

[Appendix 1: Attendance and Medical Permission Notice for Out of School Activities/Excursions.](#)

[Appendix 2: Parent Helpers Attending Out of School Activities/Excursions.](#)

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[Appendix 7: Confidential Medical Report for Camps](#)

Holy Eucharist Catholic Primary School Commitment Statement to Child Safety

A safe and nurturing culture for all children and young people at our Catholic school

The intention for this statement is to provide a central focus for child safety¹ at our Catholic school, built around a common understanding of the moral imperative and overarching commitments that underpin our drive for improvement and cultural change....

...Holy Eucharist Primary School together with the CECV will stay abreast of current legislation and will meet legislative duties to protect the safety and wellbeing of children and young people in our care, including the Victorian Child Safe Standards (Victorian Government 2016), mandatory reporting, grooming, failure to disclose and failure to protect requirements².

¹As defined by the Victorian Government Special Gazette No. 2 (2016), 'children and young people' in this document refers to those children and young people enrolled as students in Catholic schools in Victoria.

²Holy Eucharist Catholic Primary School Commitment Statement to Child Safety

EVIDENCE OF THIS OCCURRING AT HOLY EUCHARIST

Holy Eucharist school has a moral, legal and mission-driven responsibility to create nurturing environments where children and young people are respected, their voices are heard and where they are safe and feel safe.

Our utmost responsibility at Holy Eucharist is to create a child-safe school environment. It is a dynamic process that involves active participation and responsibility by the whole school community. It is marked by collaboration, vigilance and proactive approaches across policies, procedures, curriculum and practices.

Every person involved in Catholic education has a responsibility to understand the important and specific role he/she plays individually and collectively to ensure that the wellbeing and safety of all children and young people is at the forefront of all they do and every decision they make.

Policy Area: **Risk Management On Camp**

Rational:

All who work and attend Holy Eucharist School have the right to be safe from injury and hurt at all times.

Aims:

- To ensure the safety of all students while on camp.
- To ensure teachers are aware of the Risk Management Plans in place for camp activities.
- To provide guidelines for risk management while out of the school.

Implementation:

- Each teacher or accompanying adult must given a copy of this policy and its guidelines before going to camp.
- All teachers and other staff to be aware of the Risk Management Policy and its guidelines.
- A copy of this policy is to be taken to camp and all supervises to read and implement it's guidelines.

Bus Behaviour:

- Children are to wait for the bus and teachers on the basketball court with their luggage.
- Children line up in their grades and the roll is taken.
- Children take their luggage to the bus, class by class and wait in line for the bus driver to load their luggage.

Reviewed 2018

- Children then line up with a teacher at the door to the bus.
- Any children with travel sickness are to sit at the front of the bus with a receptacle for sickness with them.
- Seat belts are to be worn if provided.
- Children must remain seated and face the front at all times.
- Children are only to take hand luggage such as a small backpack or bag onto the bus.
- Children are not allowed to eat or drink on the bus.
- Children's noise level to be kept at a level, which is acceptable to the driver's level of noise tolerance. Teacher to check this with the driver.
- If a teacher believes the bus driver is exceeding the speed limit or driving dangerously, they must speak to the driver and make the appropriate request. If the driver does not comply with the request, use mobile phone to contact police/ bus company manager.

Walking Behaviour:

- When walking as a group, there is to be a teacher at the front of the line and a teacher at the rear. Children must stay within these boundaries. Extra teachers to be spread out evenly throughout the line.
- Children and leaders to be aware of safety when crossing roads and lead only small groups across at a time. Teacher to stay on the road until all children have crossed. Teacher's to cross the road using formal crossing and traffic lights when at all possible.

Medication:

- All medication is to be given to the Camp Coordinator, before leaving for camp.
- All medication must be in a clearly labelled bag (plastic zip lock is better), with child's name, name of medication, dosage and time of dosage on it.¹
- A Camp Medical form is to be completed by parents and guardians before the camp visit.
- All medical forms and camp permission forms are to be taken to camp and kept with the first aid kit.²
- A list of all children with known medical conditions is to be placed with the first aid kit.
- A record of each child's dosage of medication is to be kept and dated while at camp.³
- Any child who becomes sick or injured are to be taken immediately to a doctor or hospital.
- In serious cases an ambulance will be called.
- First aid and medical forms to be carried at all times during walks or hikes.
- Medical kit and permission forms to be with teachers at all times on camp-site. Medication must be:
 1. Clearly labelled.
 2. Accompanied with the appropriate Medical forms (See first Aid Policy).
 3. Recorded on the Camp Medical record sheet attached below.

Camp Location:

- No unsupervised free time in cabins.
- No food to be eaten in rooms.
- Children to be given a strict code of behaviour while using all camp facilities. These to be explained in the first session on arrival at camp.
- Safety and rules of camp, talk by camp manager on arrival at camp site.
- Camp rules as explained in first session to be written down in camp booklet by all children.
- Teachers to supervise all children during all outside activities at all times.
- Teachers to supervise all children during all inside activities at all times.
- Teachers to supervise and stay near cabins until children are asleep.
- Coats must be worn during wet or cold weather.
- Teachers to make regular head counts for their designated group and tell camp coordinator immediately if someone is missing.
- If someone is missing a search to be made by some teachers and camp staff if necessary. If search is unsuccessful then the police will be informed.
- Ensure that school policies and procedures for off site supervision of students align with DET Safety Guidelines for Education Outdoors especially with regard to management of safety issues relating to student swimming and water based sporting activities.

Bushfires Around Camp Location

If the school has offsite activities planned or in place (including camps and excursions) located in a Bureau of Meteorology district affected by a declaration of Extreme fire danger, these may need to be cancelled, rescheduled or recalled. The decision to cancel, reschedule or recall resides with the school. If the offsite activity affected by an extreme fire danger warning has not been cancelled, rescheduled or recalled, staff in charge at the offsite activity will do the following:

- Monitor all relevant websites.
- Consult with local emergency services.
- Examine what transport options are available or required if relocation is necessary.
- Be prepared to enact the site's EMP.
- Stay in contact with the Principal.

Evaluation:

The Risk Management's guidelines are to be viewed and may be revised when needs arise.
This will be done before every camp.

Resources:**Staff Members involved:**

Hania Borowik, Wally Antonowicz, Jeff Parker, John Rudd

Date of Ratification: 2012

Updated: 2015

Reviewed: 2017

Policy Area:**Out of School Activities/Excursions****Rationale:**

Holy Eucharist believes that excursions enhance student learning. These experiences provide the opportunity for students to increase their understanding through direct observation, information gathering and/or inquiry based learning.

Excursions will be defined as any activity organised by the school that takes the students outside of the school grounds. This includes Retreats, Reflection Days, Camps and Pastoral Care activities that involve students leaving the school.

Statement of purpose

This policy aims to:

- Provide guidelines for staff in the planning and organisation of excursions
- Prescribe the procedures that staff are to follow in conducting an excursion
- Provide strategies and procedures that ensure the safety and security of students who partake in specially organised learning activities

Guidelines

In the organisation of excursions it is expected that:

- Proper planning, thorough student preparation and appropriate follow-up are essential in ensuring that the event is educationally worthwhile
- Teachers have a special duty of care to students on excursions. This duty exists both during normal and outside of school hours as excursions often involve unusual risks.
- Excursions which include potentially dangerous activities should not be conducted without full consultation with and approval of the Principal. Those which involve inherently dangerous activities should not be conducted at all
- Activities chosen for excursions must be suitable for children of the age, experience and capacity of those participating
- Consideration must be given to those students with special needs
- Full school uniform is to worn for all excursions that are conducted within school hours.

Excursion approval criteria

- The Excursion proposal must be linked to curriculum, desired learning outcomes and assessment requirements
- The overall cost of the Excursion will be considered in relation to gains in student learning, the financial outlay on budgets

Procedures**Planning Excursions**

When planning excursions the follow points should be considered:

1. Preliminary organisation with venue for suitable dates, times, costings
2. Complete the Excursion request form and submit to the Assistant Principal - Request needs to include
 - a. Date, venue, costing, duration, risk management form, parent permission form (taking medical needs into account.
 - b. Approximate number of students attending
 - c. Date of excursion needs to be imputed onto Holy Eucharist Google Calendar.
 - e. Staffing – ensure that sufficient staff will attend to provide an appropriate supervision ratio (generally 1:10 when off site)
3. Ensure that school policies and procedures for off site supervision of students align with DET Safety Guidelines for Education Outdoors especially with regard to management of safety issues relating to student swimming and water based sporting activities.

BUSHFIRES

Someone is allocated responsibility for:

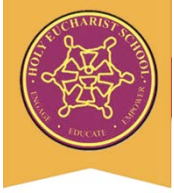
- listening to the local radio/TV
- monitoring the CFA/emergency services websites for bushfire or weather warnings and advice

Someone is allocated responsibility for:

-checking CECV and DET websites for potential and actual school closure notifications

The decision is made to externally or internally relocate students. **If early evacuation advice is not issued or the fire is approaching the school and it is unsafe to evacuate, everyone should remain in the building after the following precautions are taken:**

- Phone 000 for fire brigade and follow advice. Inform 000/fire brigade operator which building/s the staff and students will be housed in
- Check attendance against class rolls at the assembly area. If your attendance rolls are kept electronically, ensure you have an updated printout available as you may not be able to access electronic information in the event of an emergency.
- If a lockdown is implemented:
- Move everybody inside, assembled away from the part of the building that will be initially exposed to the fire
- Turn off power and gas, ensure that gas bottles (e.g. barbecue gas bottles) have been removed from the area, close all windows, doors and block crevices with wet materials (e.g. towels)
- Fill gutters, all sinks, washbasins and drums with water
- Stay inside in the identified area (preferably bricked and tiled) with available water and away from windows
- Once the fire has clearly passed, evacuate the building if safe to do so, assess and remain in a safe area
- Contact your Catholic Education Office to report the incident and for further advice and support, as appropriate, including media support
- Implement procedures to resume school activities, including arranging counselling support.



HOLY EUCHARIST SCHOOL

1A Oleander Drive St Albans South

Phone: 8312 0900 Fax 93668192

www.hestalbanssth.catholic.edu.au



ATTENDANCE AND MEDICAL PERMISSION NOTICE

Re: Excursion to _____

Date: _____

Dear Parent,

Your child will be participating in an excursion to _____. The Grade ____ students will be visiting _____.

The children will be out of the school on _____. We will be leaving Holy Eucharist School at _____ and will be returning at _____. Transport is by _____ and we will be travelling on ____ buses. The children will be accompanied by _____, and ____ parents per class (**who have a valid Working With Children Check**).

The children are to wear their school tracksuit and must have wear their school hat on this day. All children must bring their morning snack and their lunch in a plastic bag with their name on it.

PLEASE RETURN THIS PERMISSION SLIP BY _____

(Type teacher's name – only 1 name required)
Excursion Coordinator

Mr Jeffery Parker.
Principal

As permission is required from a Parent/Guardian for a child to leave the school when travelling by transport, you are asked to sign where indicated and return without delay.

I _____ give permission for my child _____
(Parent's name:) (Child's name:)

of grade _____ to leave the school to take part in the specified activity.

I am willing to attend and supervise a group of children on this day (Please tick✓).

Yes

No

I have a valid Working With Children Check (Please tick✓).

Yes _____

No

(Expiry date)

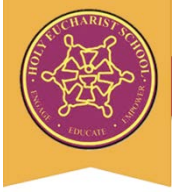
"In the event of any illness or accident I authorise the obtaining on my behalf of such medical assistance as my child may require. I accept all operation, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred."

(Parish School Handbook)

Parent's Signature: _____ Emergency phone number: _____

Please do not cut this note – return the entire note to school

Appendix 2: Parent Helpers attending Out Of School Activities/Excursions



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PARENT HELPERS ATTENDING OUT OF SCHOOL ACTIVITIES/EXCURSIONS

Date _____

Dear _____,

Thank you for your offer to assist with the excursion to _____ on _____
_____. Please meet us in the classroom by _____.

At this stage we have enough parent helpers but your name will be put on an emergency list and you will be a priority for our next excursion.

As a parent participating in an excursion please be aware of the following points:

- Children will not be placed in the same group as their parent.
- Please do not buy things (including food and drinks) for yourself or the children.
- Follow the timetable and don't take on extra activities without the teacher's authority.
- Maintain firm supervision and discipline of the children.
- Do not allow children to go to the toilet alone.
- Any problems please see the classroom teacher.
- No toddlers are allowed to attend.

Thank you for your co-operation,

Classroom Teacher.



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OUT OF SCHOOL - ACTIVITY LOG

<u>OUT OF SCHOOL DESTINATION</u>	<u>ADDRESS:</u> <u>PHONE:</u>
<u>GRADE LEVEL:</u>	<u>DATE FOR OUT SCHOOL ACTIVITY:</u>
<u>NUMBER OF STUDENTS ATTENDING:</u> <u>STUDENTS STAYING BEHIND</u> <u>(WHICH GRADES WILL THEY WILL BE IN:</u>	<u>NAMES OF STAFF ATTENDING</u> <u>PLEASE LIST YARD DUTY SWAPS</u>
<u>NAMES OF PARENTS ATTENDING:</u>	<u>TRANSPORT:</u> <u>COMPANY:</u>
SCHOOL NUMBER: 8312 0900 MOBILE PHONE NUMBERS OF STAFF ATTENDING:	<u>LIST STUDENTS WHO HAVE ANAPHYLAXIS:</u> <u>FIRST AID PERSON:</u> <u>ANAPHYLAXIS TRAINED PERSON:</u>
<u>DAY'S TIMETABLE</u>	
<u>INVOICED ON THE DAY</u> <input type="checkbox"/> YES <input type="checkbox"/> NO If 'No' please fill out cheque request in the next column.	<u>CHEQUE REQUEST:</u> <u>DATE REQUIRED</u> <u>AMOUNT:</u> <u>CHEQUE MADE OUT TO:</u> Please attach tax invoice from organisation.
<u>Principal's Signature</u> <u>Deputy Principal's Signature:</u> <u>Date:</u> <p style="text-align: center;"><i>The following forms are to be completed 2 weeks prior to attending any out of school activity. All forms must be signed by the school principal.</i></p> <ul style="list-style-type: none"> • Out of School - Activity form, • Out of School - Risk Management form • Out of School - Activity/Excursion form • Copy of Behavioural Contract (If applicable) <p style="text-align: center;">Please save this log in the 'Excursion' folder under 'Excursion Notes'.</p>	



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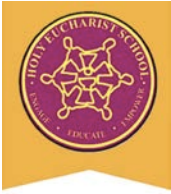
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OUT OF SCHOOL – RISK MANAGEMENT

Excursion/Out of School Destination: <i>(If more than 1 destination, please list in order of visit.)</i>	
Grade Level: Teachers involved:	
Date	
Bus Behaviour:	
Walking Behaviour:	
Excursion Location Behaviour:	
Medication:	
Person Responsible for First aid:	
Principal's signature Date:	



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BEHAVIOURAL CONTRACT FOR CAMP AND OUT OF SCHOOL ACTIVITIES

Date _____

Re: CAMP/OUT OF SCHOOL ACTIVITY CONTRACT FOR _____

Dear _____,

We are very pleased that _____ will be attending the Grade____ _____ on _____ until _____.

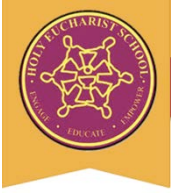
In the event of any behavioural concerns that may impact upon the safety of _____ or any others attending the camp/excursion, we would like to advise that the action planned is to have _____ picked up by a parent/authorised guardian and driven home.

We hope that the camp/excursion experience is a positive and exciting time for _____ and are hopeful that we do not need to implement the above mentioned plan, but would like to make you aware of this contingency should it be required.

Kind regards,

Principal
Holy Eucharist Primary School

Please leave a copy of this contract in the office – along with your Out of School Activity Log



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ATTENDANCE AND MEDICAL PERMISSION NOTICE

Re: **GRADE** ___ **CAMP** _____

Date

Dear Parents,

Grade 5 children will be attending camp at DOXA near Malmesbury. The camp will take place in Term 2. The camp is 3 days: **on** _____. School staff will accompany the children and they will travel by bus to and from Camp DOXA.

The staff at Holy Eucharist has a strong belief in the benefits of this type of experience and, as such, expects each Grade 5 child to attend the camp for the full 3 days. This gives all the children in Grade 5 the opportunity to experience two nights staying away from home in a bush environment.

Camps are part of Holy Eucharist Personal Development and Physical Education Programs, and as such are a vital part of our curriculum. The children will be staying in and using fantastic new facilities as the camp had a major upgrade 8 years ago. Children will be involved in a variety of activities during their stay which will include hut building, ropes course, trampolines, talent quest, bush art and several sporting games.

A list of things children will need to take on camp will be provided. **Children will need to bring.....** We ask that you keep in mind that your child will have to carry his/her bag themselves, so please provide a bag that is manageable for your child.

The cost of the camp is \$____. The payment of \$____ will be required closer to the date of camp and must be paid before your child leaves for camp.

As we need to finalise numbers soon, could you please fill out the Permission Form/Medical Consent and return it to school by the end of the school year, _____

We look forward to a happy and a safe time. It should be wonderful and memorable experience for the children. More detailed information will be provided next year. Thank you for your support and cooperation.

If you have any questions or concerns, please feel free to come and see the Grade 5 Teachers.

Yours sincerely,

Grade ___ Camp Coordinator

**Mr. Jeffrey Parker
Principal**



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ATTENDANCE AND MEDICAL PERMISSION NOTICE

Re: GRADE ____ CAMP ____

Date

I hereby give my permission for my child _____ (child's full name)
in Grade _____ to attend the camp to _____ from _____

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorize the teacher in charge of the excursion/camp to:

- Consent to _____ (child's full name) receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion/camp may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

I also accept that my child may be returned home early from the camp in the event of serious misbehaviour and that any costs associated with this are met by me.

Current Home Contact Phone Number:.....

Current Mobile Contact Phone Number:.....

Parent Name.....

Parent Signature.....

Date.....



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CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS

This report is compiled to assist us in case of any eventuality with the children. All information is held in confidence. We ask parents to note the following requests and abide by them.

Child's Name: Date of Birth:

Parent's / Guardian's Full Name:

Address: Post Code:

EMERGENCY TELEPHONE NUMBERS: After Hours: Business Hours:

Name and Address of Family Doctor: Phone:

Medicare Number: Medical / Hospital Insurance Fund:

Contribution Number:

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

- Bed Wetting
- Fits / Seizures of any type
- Heart Condition
- Travel Sickness
- Blackouts
- Dizzy Spells
- Sleepwalking
- Migraines
- Asthma (please fill out Asthma Management Plan **provided**)
- Anaphylaxis (please fill out Anaphylaxis Management Plan **provided**)

OTHER ILLNESSNESSES:

PLEASE TICK IF YOUR CHILD SUFFERS ANY ALLERGIES TO THE FOLLOWING:

- Penicillin
- Any Foods
- Drugs

WHICH FOODS / DRUGS:

OTHER:

ANY SPECIAL DIETRY REQUIREMENTS:

LAST TETANUS IMMUNISATION WAS

IS YOUR CHILD PRESENTLY TAKING TABLETS AND / OR MEDICINE? YES / NO

If **YES** - please state the name of medication, dosage, etc.

Do you give permission for your child to take Panadol if it is required? YES / NO **(Panadol must be supplied from home)**

IMPORTANT

All medicines must be handed to the teacher in charge prior to leaving for camp clearly labeled with your child's name, the dose to be taken and when it should be taken. Medicines will be kept in the First Aid box and distributed as required by teachers.

PLEASE DO NOT ALLOW YOUR CHILD TO BE IN POSSESSION OF ANY MEDICINE WHILE ON THE SCHOOL CAMP

Is this the first time your child has been away from home? YES / NO

PLEASE SIGN THIS STATEMENT REQUIRED BY THE EDUCATION DEPARTMENT FOR ALL CHILDREN ATTENDING SCHOOL CAMPS / EXCURSIONS.

I authorise the teacher in charge of the camp to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent's / Guardian's Signature: Date: