St. Joseph’s Primary School

Excursion Policy

2011

RATIONALE
St. Joseph’s Merriwa is committed to provision of educationally valid excursions as part of the school curriculum. Excursions will be prepared, managed, supervised and monitored in a way that ensures the health and safety and security of the participating students and staff, as well as others who may be affected by the conduct of the excursion.

AIMS:
The school community of St Joseph’s wishes to:

• Develop a framework for the preparation of excursions
• Assist teachers in the organisation of excursions that meet the requirements of the CSO and Occupational Health & Safety guidelines.
• Provide opportunities for students with additional educational experiences, which will enrich their understanding of learning
• Promote the social development of students
• Extend the students' horizons and knowledge of the world

IMPLEMENTATION

1. Personnel
   • Teachers alone accept the responsibility for the care of the children. Duty of care must be exercised.
   • Parental assistance in supervision is desired & necessary, however they cannot be given or assume the teacher's duty of care. Parent helpers will be fully informed of their roles and responsibilities
   • Each coach shall include at least one teacher
   • Both male & female adults will be present on overnight excursions
   • Adult/child ratio will be 1:12

2. Time
   • Children at St Joseph’s will participate in an excursion at least once a year
   • Excursions requiring bus travel must be organised at least two weeks in advance.

3. Procedures
   • All organisational details including timetable, parental permission, travel details, risk assessment, budget and accommodation details will be presented to the Principal before being finalised.
   • A timetable & contact numbers whilst on the excursion will be left with the Principal and the Secretary
   • All organisational details re. travel will be tendered out with local bus companies.
   • Parents will be given written communication regarding the excursion. This will include:
     • Where you are going
     • Cost & inclusions/exclusions
     • Why you are going - curriculum area

This policy complies with the Commonwealth Privacy Act. The information collected on this form will be kept confidential by the accompanying teachers and destroyed when the excursion is completed.
Children are to participate in those activities outlined in the organizational outline. No additional activities are to be added to the itinerary for which parental or Diocesan approval would be required.

No child will attend an excursion without a signed permission note.

Travel by private vehicle (teacher/parent) must have prior permission of the Principal. Copies of the Registration must be copied & kept in the Office. Parents will be informed that their children are travelling by private vehicle and the name of the driver.

Buses used for travel outside the town limits must be fitted with seat belts.

In line with St Joseph’s Sunsafe Policy, all participating in the excursion are to be suitably protected from the sun. (Hat/sunscreen)

No child will be left unsupervised on an excursion.

Teachers and voluntary helpers are on duty for the duration of the excursion.
  o Alcohol is not permitted.
  o Smoking of cigarettes is not permitted in the presence of the children.

Teacher expectation regarding Pupil Behaviour will be presented to parents and children.

The teacher will deal with breaches. Severe breaches will require the child to return home from the excursion.

The consumption of alcohol, cigarettes or any other drugs by a student will be deemed as a severe breach and will result as immediate suspension from the excursion.

Inform other staff of excursion details
  o arrange a variation of playground duty
  o Inform canteen of excursion.
  o Inform music teachers

Children not attending excursion will be adequately cared for.
  o Work will be sent with child to another teacher/class.
  o Principal to be advised who is not attending & the reason for exclusion.

4. Resources
The following must accompany participants on all excursions

  • A First Aid Kit (prepared back-pack)
  • The school mobile phone
  • A class list
  • Permission notes
  • Medical notes
  • Worksheets if deemed necessary
  • Risk Assessment including emergency procedures for excursions

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BUDGET
  o A list of those children requiring financial assistance to be presented to the Principal or delegate who will offer assistance to families if necessary
  o Complete a budget proposal to submit to the Principal with the organizational details

EVALUATION
  • All excursions will be evaluated by the teachers/children

This policy was reviewed: 2008 and 2011
To be reviewed again: 2014 (or sooner if required)

EMERGENCY PROCEDURES FOR EXCURSIONS

Injury to a child:
  • Call ambulance

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• An adult on the excursion is to be left with the child
• Principal is to be contacted with appropriate details
• Principal contacts Parent/Guardian
• Validity of excursion continuing, assessed.

**Injury to children/Death of Child/Children:**
• Ensure children's needs are met (medical, police, emergency services)
• An adult with the excursion is to remain with children
• Ascertain correct details of the accident
• Principal is to be contacted with appropriate details
• Principal contacts Parents/Guardian
• Return to Merriwa

**Abduction from Touring Party**
• Contact appropriate services (police, emergency services etc.)
• Ensure existing children are safe and reassured with adults participating in the excursion
• Ascertain accurate details of the abduction for police
• Contact the Principal
• Do not speak with the media - make no comment
• Return to Merriwa

**Child/Children are missing:**
• Ensure existing children are safe and reassured. Take roll.
• Adults on excursion left to care for group
• Parent/Teachers search for child/children
• If child cannot be found in 10 minutes contact Police/Security
• Ascertain accurate details for Police/Security
• Contact Principal
• Cease the day excursion itinerary

**Accident/Death of Adult on the Excursion:**
• Contact necessary emergency services
• Ascertain accurate details of the events
• Contact Principal and return to St Joseph’s Merriwa

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**School excursion budget proposal**

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Excursion: ______________________ Date: ____________________

Venue: ______________________ Children/Numbers: __________

**Proposed Costing**

**Summarised as follows:**

<table>
<thead>
<tr>
<th>Description</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost of transport</td>
<td></td>
</tr>
<tr>
<td>Total cost of accommodation</td>
<td></td>
</tr>
<tr>
<td>Total cost of admission fees</td>
<td></td>
</tr>
<tr>
<td>Total cost</td>
<td></td>
</tr>
</tbody>
</table>

**Per Pupil Summary:**

<table>
<thead>
<tr>
<th>Description</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Admission Fees</td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
</tr>
<tr>
<td>Other Costs (State)</td>
<td></td>
</tr>
</tbody>
</table>

**Total cost per pupil:** $  

*(Please remember to discuss with the Principal any other administrative costs surrounding your excursion.)*

Have you allowed for 'drop outs' or for children who are not able to pay?

Checked by Principal ___________________________ Date ___________
**EXCURSION CHECK LIST**

1. Discuss details of planned excursion with Principal
2. Excursion venue booked
3. Check term planner for no other conflicting school events
4. Communications with Bus company re booking & costing
5. Accommodation venue booked & costed
6. Costing completed & checked with Principal
7. Note home to parents
   - Shown to Principal
   - Copy on file in Office
8. Consent/medical notes sent home, returned & filed
9. Monies received at school office & receipted by Secretary
10. Comprehensive Insurance forms on file in office if applicable
11. Itinerary & contact phone numbers to Principal & Secretary
12. Cheques to be paid known to Secretary
13. Children not participating, adequately attended to
14. Staff informed of excursion
15. Change of duty roster planned
16. Notification in school Newsletter
17. Inform canteen and music teachers of intended absence
18. Meeting of supervisors to discuss excursion procedures
19. Conduct agreement signed by volunteers (if deemed Necessary. See appendix)
20. Class list checked & left at school of actual excursion attendees
21. Collect First Aid Kit and ensure it is suitably maintained
22. Collect mobile phone, medication, permission notes & roll
23. Worksheets typed & copied if required.
24. Sign on/off sheet for parents to use when dropping off and collecting children from the excursion.

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SCHOOL EXCURSION RECORD NOTE

Stage/s involved________________________Date:________________________

Destination_____________________________________________________

Contact Number/s_________________________________________________

Aim of excursion:______________________________________________________________________________

Activities involved______________________________________________________________________________

Time: Departure from school_________________Return to school ______________

Travel Arrangements:Bus Company _______________________ Phone __________

Transport details______________________________________________________________________________

Accommodation details______________________________________________________________

Meal details___________________________________________________________________________________

Cost :  Travel _____________________ Admission ________________________
       Additional ___________________ Total ______________________

Number of adults required for adequate supervision _____________Ratio _________

Information note for parents attached    __________________

List of children and adults accompanying excursion included ____________________________

Supervisors :  Teacher in charge __________________________
                  Other Teachers   __________________________________
                     __________________________________
                     __________________________________

                  Other Adults __________________________________
                     __________________________________
                     __________________________________
                     __________________________________

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EXCURSION MEDICAL INFORMATION

Child's Name ___________________________ Date of Birth: __________________________

Name for urgent contact ____________________________________________________________

Address: ________________________________________________________________________

Phone Number: ___________________________ Mobile: _______________________________

Date of last tetanus injection: ______________________ Is there an allergy to Penicillin? ______

List known allergies your child possesses: (If none write nil) ______________________________

_______________________________________________________________________________

Are there any illnesses or physical conditions that the teachers should know about? (If none, write nil)

_______________________________________________________________________________

_______________________________________________________________________________

Has your child been ill in the last 6 weeks? Please provide details. _____________________________

_______________________________________________________________________________

Medication your child needs to take: (Please ensure this is given to the teacher before the excursion with a written explanation of frequency to be taken and dosage) ______________________________

_______________________________________________________________________________

Do you contribute to a medical fund? _____________ If so, which one? ______________________

Please list your child's Medicare Number: ___________________________________

If you are not in a Private Health Fund, do you subscribe to the Ambulance Fund? ______________

In the event of accident, illness or other misadventure I give permission to the teacher/s in charge to seek medical attention and/or ambulance assistance to the nearest hospital if believed necessary on behalf of my child. I realise that I may/may not be notified before the fact.

Parent/Guardian ___________________________ Date: __________________

If deemed necessary I Do/Do Not give my permission for the ANAESTHETIC to be administered by the attending medical officer.

Parent/Guardian ___________________________ Date: __________________

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EXCURSION MEDICAL INFORMATION (Parent/Teacher)

Name ______________________________________

Name of urgent contact _________________________________________________________________

Address: _____________________________________________________________________________

Phone Number: ______________________________ Mobile: ___________________________________

Date of last tetanus injection: ______________________ Are you allergic to Penicillin? __________

List known allergies you possess: (If none write nil) ____________________________________________________________________________

_____________________________________________________________________________________

Are there any illnesses or physical conditions that the teachers should know about? (If none, write nil)
_____________________________________________________________________________________

_____________________________________________________________________________________

Have you been ill in the last 6 weeks? Please provide details. __________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Medication you need to take:
_____________________________________________________________________________________

_____________________________________________________________________________________

Do you contribute to a medical fund? __________ If so, which one? ___________________________

Please list your Medicare Number: _______________________________________________________

If you are not in a Private Health Fund, do you subscribe to the Ambulance Fund? _______________

In the event of accident, illness or other misadventure I give permission to the teacher/s in charge to seek medical attention and/ or ambulance assistance to the nearest hospital if believed necessary on behalf of myself.

Parent/Guardian ________________________________ Date: ________________

If deemed necessary **I Do/Do Not** give my permission for the **ANAESTHETIC** to be administered by the attending medical officer.

Signature __________________________________   Date: ______________

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