

EXCURSION
CODE OF CONDUCT

As a student of Emmaus College, I am obliged to abide by the Excursion Code of Conduct and act in the following manner:

- **Obey all safety rules whilst travelling on the bus**
 - *board and depart bus in an orderly fashion*
 - *wear a seat belt*
 - *no pushing or shoving of others*
 - *stay seated on the bus until asked to stand*
 - *no body parts protruding from the bus*
 - *no spitting*
 - *no harassment or bullying of others*
 - *do not call out or gesture to passing motorists or pedestrians*
 - *do not swing on hand-rails*
 - *no food or drink on the bus*
- **Obey all road safety rules when walking on footpaths and crossing roadways.**
- **Wear appropriate clothing and protective equipment as necessary.**
- **To be present at each activity and be part of the group.**
- **To work together to achieve individual and group goals.**
- **Bring all appropriate equipment for activities.**
- **Follow instructions and practise correct safety techniques and procedures that are relevant to activities.**
- **Talk respectfully to, and act cooperatively with, teachers, supervisors and peers.**
- **Meet at designated meeting locations at designated times.**
- **Complete all set tasks to the best of my ability.**
- **A commitment to take responsibility for both physical and emotional safety for both yourself and your group.**
- **Show respect for self, others and the environment.**
- **Do not leave any location without permission.**
- **Do not leave any location alone.**
- **All general behaviour to be in accordance with Emmaus School rules.**

I -----, a student of Emmaus College, will abide by the Excursion Code of Conduct as outlined on this form.

(Student)

(Parent)

Camp Fairbairn Outdoor Education Centre

MEDICAL & PARENTAL CONSENT FORM - STUDENT

SCHOOL: _____

STUDENT'S NAME(in full) _____

DATE OF BIRTH: _____ RELIGION: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

TELEPHONE: (home) _____ (work) _____

MEDICARE NUMBER: _____ AMBULANCE SUBSCRIBER: YES / NO

WHEN WAS YOUR CHILD'S LAST TETANUS BOOSTER? _____

DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING: **IF YES, PLEASE GIVE FULL DETAILS (for example — severity, medication, date of last attack/operation/injury)**

a) Asthma: _____

Have you ever been hospitalised? _____

If yes, when? _____

Current medication: _____

b) Other respiratory problems: _____

c) Drug allergies: _____

d) Other allergies: _____

Body response to contact: _____

Date of last contact/severity: _____

e) Anaesthetic (local & general) allergies: _____

f) Epilepsy: _____

g) Heart problems: _____

h) Sugar diabetes: _____

i) Blood pressure: _____

j) Bed wetting: _____

k) Other — please list: _____

l) Recent operations/injuries: _____

m) Special dietary requirements: _____

Full details of any problems either medical or physical which would limit your child's full participation in any activity:

Any prescribed medication being taken by your child. Include dosage, frequency and Doctor's instructions:

- ☐ I am aware of the types of activities included in the program and what they entail.
- ☐ I give consent for my son/daughter to participate in the program.
- ☐ I give consent for my son/daughter to travel in a CFOEC vehicle if travel is required as part of the normal camp program.
- ☐ I authorise the Principal or his representative to obtain such medical attention and transportation (in private and/or government vehicles) to medical attention as may be deemed necessary and I understand that I am responsible for any costs that may be incurred.
- ☐ I have advised the school's camp coordinator, in writing, of any special medical/dietary needs for my son/daughter.

DATE: _____ PARENT/GUARDIAN'S SIGNATURE: _____

I give permission for my child/ren to be photographed/videoed as part of the normal camp program and for these images to be used by CFQEC for promotion of the centre in the media and on the CFOEC website.

DATE: _____ PARENT/GUARDIAN'S SIGNATURE: _____

(To be returned to the Student Box in the Office Foyer)

