



# St. Anne's

## Primary School

60 KNEES ROAD, PARK ORCHARDS, VICTORIA 3114

### **POLICY: EXCURSIONS/INCURSION**

#### **RATIONALE:**

Educational Excursions and Incursions are an integral part of the school's program for all children. The school's excursion/incursion program enables students to enrich their learning.

#### **AIMS:**

- To reinforce, complement and extend learning opportunities beyond the classroom.
- To develop an understanding that learning is a lifelong journey, and that valuable and powerful learning takes place in a variety of settings.

#### **IMPLEMENTATION:**

- Excursions/Incursions should be selected for their relevance to the curriculum. Factors such as the cost of the excursions, distance, travel time and safety will be considered.
- All children will be expected to attend excursions/incursions, and all excursions/incursions will be financed from school levies charged at the commencement of the year.
- The Principal must be informed of and approve all excursions being planned prior to parents being notified.
- Information regarding the excursion, plus Parent Permission forms are to be forwarded to parents at least one week prior to the excursion (see sample Appendix 1). No child can attend an excursion without permission being supplied by the parent/guardian.
- Medical details will be provided at the beginning of each year and the parents will be responsible for updating these if they change (see Appendix 2).

- Classroom teachers will be given the first option to attend excursions
- The school will ensure teachers attending the excursion have current level two first aid qualifications. This may not be possible if Emergency Teachers are being used.
- The ratio of teachers and adults to children will be consistent with the School Policy and Advisory Guide.
- A copy of the itinerary must be left with the Principal/Secretary
- A staff member will be in attendance at school whilst the children are returning from any out-of-school-hours excursion. The Teacher in Charge will communicate with this person with regards to the anticipated return time.
- Children who have displayed sensible, reliable behaviour at school will be invited to participate in school excursions. Parents will be notified if a child is in danger of losing their invitation to participate in an excursion due to poor behaviour at school. The decision to exclude a student will be made by the Principal, in consultation with the classroom teacher and the Teacher in Charge.
- Refunds will not be given in the event of a student not attending an excursion, which has been budgeted from school levies.
- Parent helpers (selected by teacher in charge) may attend if they have a 'Working with Children Check'.
- When determining which parents will attend, the 'Teacher in Charge' will take into account:
  - Any valuable skills the parents have to offer e.g. first aid etc.
  - The need to include both male and female parents.
  - The special needs of particular students.
- Preference will be given to parents who are able to attend excursions without siblings. There may be some circumstances when older siblings are invited to attend and support the implementation of excursions and/or extra-curricular activities.
- If there are more parent volunteers than required who meet all criteria then they will be randomly selected.
- The Teacher in Charge will ensure that parents accompanying excursions are well informed of all aspects of the activity and supervision requirements.
- The teacher in charge will complete the Student Activity Locator prior to any excursion to fulfil requirements set by the Catholic Education Commission of Victoria.
- When an excursion involves the children working in small groups that isolate themselves from the whole group, the 'Teacher in Charge' will provide a detailed itinerary to each parent helper.
- The class teacher must carry parent Permission Slips for excursions (see Appendix 1 for a sample). The parents of any child with a specific medical problem must also give their child's medication, with a signed administering medication form (see Medication policy), to the teacher prior to leaving the school.
- A generic medical kit plus student specific medical kits, will be taken on all excursions.
- The school will purchase four pre-paid mobile phones that the teachers will take with them whenever participating in an excursion. The parent helpers will have the numbers of these mobile phones in case they need to contact

the teachers throughout the excursion. The teachers will also collect the phone number of the parent helpers in a sealed envelope that will be used in case they need to contact the parents throughout the excursion. Teachers may choose to take their personal mobile phone number and provide the parent helpers with their number in a sealed envelope.

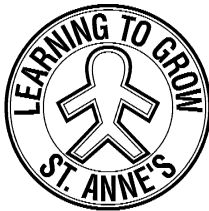
**EVALUATION:**

The Excursion/Inursion Policy will be reviewed every four years or when necessary.

This policy was reviewed in 2016

The next review will be in 2020

Appendix 1



ST. ANNE'S PRIMARY SCHOOL

60 KNEES ROAD, PARK ORCHARDS, VICTORIA 3114

.....TELEPHONE 9876 1533

FACSIMILE 9879 9588

**EXCURSION NAME:**

**DATE:**

**YEAR LEVELS / CLASSES INVOLVED:**

**TEACHER IN CHARGE:**

**MODE OF TRANSPORT:**

**DEPARTURE TIME:**

**RETURN TIME:**

PURPOSE OF EXCURSION:

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**PARENT / GUARDIAN CONSENT**

I \_\_\_\_\_ consent to  
\_\_\_\_\_ (child) taking part in this excursion and where  
the teacher in charge of the excursion is unable to contact me, I authorise the teacher  
in charge to:

- Consent to my child receiving medical or surgical attention as deemed necessary by a medical practitioner
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical details provided at the beginning of the year remain unchanged

Yes \_\_\_\_\_ No \_\_\_\_\_

If no please list changes;

\_\_\_\_\_  
\_\_\_\_\_

Please complete, sign and return to school by \_\_\_\_\_ (date)

Appendix 2

**ANNUAL MEDICAL DETAILS for EXCURSIONS**

Child's Name: \_\_\_\_\_

Parent Telephone Contact: \_\_\_\_\_ (Bus Hours)  
\_\_\_\_\_ (After Hours)

Doctor's Name: \_\_\_\_\_

Doctor Telephone: \_\_\_\_\_

Medicare N°: \_\_\_\_\_

Medical Conditions:

- Asthma       Travel Sickness       Epilepsy       Other (Provide details below)

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