

# Menai High School

## Excursions Forms/Variation to Routine

Accounting (financial) procedures need to be completed 45 days prior to the activity.  
To be completed before approval is granted, TWO weeks prior to the activity.

Faculty:

Organising Teacher:

Excursion:

Day

Night

Overnight

In school

Venue:

Date:

All day/part day:

School excursion mobile/staff mobile contact number(s):

Activity details:

Mode of transport:

### TRAVEL DETAILS

Time of departure:

Location of departure:

Time of return:

Return location:

Uniform:    Yes    No    School/PE/Other:

.....  
Head Teacher's Signature

.....  
Date

.....  
Deputy Principal's Signature

.....  
Date

.....  
SAM's Signature

.....  
Date

-----  
Excursion date and staff attending placed in Head Teacher Administration Diary:

Classes/groups attending:

Staff Attending:

Who is organising the in lieu's of?

Who is the Care/CPR nominee?

Venue/activities checked and plans made for students with special needs:.....

Details of internal covers completed overleaf:.....

First Aid Kit booked/collected:.....

Canteen informed (especially if a large group of students attending):.....

Permission note/Information Sheet and list of students attached:.....

Organising Teacher

.....  
Date

**This form is to be completed and returned to the Deputy Principal  
no later than TWO school days BEFORE the activity.**

# Menai High School

## Excursion Organisation Checklist

- 1 Check availability of date(s) on Sentral Web Calendar:.....
- 2 School Calendar entry completed via Admin Taskforce:.....
- 3 Signed by Deputy Principal:.....
- 4 Account information sheet prepared. If you require an account see SAM:.....  
Do not progress until SAM has signed.
- 5 Risk Assessment completed. NB Health Plans for ALL anaphylaxis students must be attached:.....
- 6 Permission notes/envelopes distributed to students:.....
- 7 Invoice given to SAM:.....
- 8 Canteen notified of large excursions. Totals given to Canteen:.....
- 9 HARDCOPY List of students attending given to SAM:.....

**EVERYTHING ABOVE THIS LINE MUST BE COMPLETED TWO WEEKS PRIOR TO THE EXCURSION**

Signed permission notes/envelopes collected from all students attending: .....

In Lieu rosters distributed to...

- ♦ All teachers affected: .....
- ♦ All Deputy Principals: .....
- ♦ Administration Office: .....
- ♦ Head Teacher Administration: .....

This sheet lodged with the Deputy Principal: .....

Day prior to excursion...

- ♦ List of students intending to attend to C Block Office (Roll Office):.....
- ♦ Work left for students not attending WHOLE YEAR excursions:.....

All of the above has been completed within the specified time lines:.....

Day after excursion: Updated attendance to Roll Office. (Those who did and did not attend):.....

Teacher-in-Charge: .....

Signature

# Menai High School

## Staff Replacements/In Lieu of Roster

Class/group attending:

Date:

Excursion:

Venue:

| Staff Mbr |            |             |            |             |            |             |
|-----------|------------|-------------|------------|-------------|------------|-------------|
| Per       | Class/Room | Replaced by | Class/Room | Replaced by | Class/Room | Replaced by |
| RC        |            |             |            |             |            |             |
| 1         |            |             |            |             |            |             |
| 2         |            |             |            |             |            |             |
| R         |            |             |            |             |            |             |
| 3         |            |             |            |             |            |             |
| 4         |            |             |            |             |            |             |
| L1        |            |             |            |             |            |             |
| L2        |            |             |            |             |            |             |
| 5         |            |             |            |             |            |             |
| 6         |            |             |            |             |            |             |

| Staff |                   |                    |                   |                    |                   |                    |
|-------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|
| Per   | <i>Class/Room</i> | <i>Replaced by</i> | <i>Class/Room</i> | <i>Replaced by</i> | <i>Class/Room</i> | <i>Replaced by</i> |
| RC    |                   |                    |                   |                    |                   |                    |
| 1     |                   |                    |                   |                    |                   |                    |
| 2     |                   |                    |                   |                    |                   |                    |
| R     |                   |                    |                   |                    |                   |                    |
| 3     |                   |                    |                   |                    |                   |                    |
| 4     |                   |                    |                   |                    |                   |                    |
| L1    |                   |                    |                   |                    |                   |                    |
| L2    |                   |                    |                   |                    |                   |                    |
| 5     |                   |                    |                   |                    |                   |                    |
| 6     |                   |                    |                   |                    |                   |                    |

## Staff Replacements/In Lieu of Roster

Class/group attending:

Date:

Excursion:

Venue:

| Staff Mbr |            |             |            |             |            |             |
|-----------|------------|-------------|------------|-------------|------------|-------------|
| Per       | Class/Room | Replaced by | Class/Room | Replaced by | Class/Room | Replaced by |
| RC        |            |             |            |             |            |             |
| 1         |            |             |            |             |            |             |
| 2         |            |             |            |             |            |             |
| R         |            |             |            |             |            |             |
| 3         |            |             |            |             |            |             |
| 4         |            |             |            |             |            |             |
| L1        |            |             |            |             |            |             |
| L2        |            |             |            |             |            |             |
| 5         |            |             |            |             |            |             |
| 6         |            |             |            |             |            |             |

| Staff |            |             |            |             |            |             |
|-------|------------|-------------|------------|-------------|------------|-------------|
| Per   | Class/Room | Replaced by | Class/Room | Replaced by | Class/Room | Replaced by |
| RC    |            |             |            |             |            |             |
| 1     |            |             |            |             |            |             |
| 2     |            |             |            |             |            |             |
| R     |            |             |            |             |            |             |
| 3     |            |             |            |             |            |             |
| 4     |            |             |            |             |            |             |
| L1    |            |             |            |             |            |             |
| L2    |            |             |            |             |            |             |
| 5     |            |             |            |             |            |             |
| 6     |            |             |            |             |            |             |

## Excursion Permission Form

Dear Parents/Caregivers,

Date: .....

An excursion has been arranged for your son/daughter as follows:

Subject: ..... Class:..... Excursion date:.....

Venue: .....

Time of departure from school: ..... Expected time of return to school: .....

Mode(s) of transport: .....

Outline of excursion: .....

Instructions:

School Uniform: ☐ Yes ☐ No Uniform or clothing:

Equipment:

Food: .....

Cost: ..... Payable by: .....

Please return the following to school:

1. The completed Student Excursion Authorisation form to the classroom teacher.
2. The excursion fee in an envelope with name, class excursion and fee written on the front to Administration

.....  
B Ellefsen Principal

.....  
Head Teacher

.....  
Teacher-in-Charge

-----Please tear off and return to school-----

### Student Excursion - Authorisation Form

Name: ..... Class: .....

Excursion: ..... Date: .....

*Is there any medical information that staff should know about?* Yes No

If yes, please specify:.....

.....  
I authorise my son/daughter to attend the above excursion and give permission, in the event of an accident, for the school to take appropriate action.

Signed: .....  
(Parent/Caregiver)

Date: .....

## Medical Information

(Confidential – Available only to the Teacher-in-Charge)

Student's Name: .....

Organising Teacher: .....

Excursion: ..... Date: .....

Home Address: .....  
.....

Date of Birth: ..... Telephone: .....

### Emergency Contact Numbers

Father's Business No: ..... Mother's Business No: .....

Other contacts: Name: ..... Phone: .....

Name: ..... Phone: .....

Name of Student's Doctor: ..... Doctor's Phone No: .....

Medical Condition (including anaphylaxis and allergies): .....

Physical disabilities: .....

Special foods: .....

Medication being taken: .....

Special treatment needed in an emergency: .....

Emergency medication NOT to be given: (e.g. Penicillin) .....

Activities to be avoided by this student: .....

Any other relevant information: .....

.....

.....

### Water or Swimming Activities (Please tick one box)

In relation to the proposed water or swimming activities: I give permission/I do not give permission for my child to participate in water/swimming activities. I advise that my child is a:

Strong Swimmer

Average swimmer

Poor swimmer

Non-swimmer

## \$ Accounting Information \$

Excursion manager's email address: .....

Before completing any financial information please confirm with the SAM that the supplier(s) exist in SAP.

Note: Suppliers are paid 30 days after the official invoicing date. The school cannot speed payments up.

Finance report required:    Yes        No                      Frequency:        Daily        Weekly

Duration: Start date: .....        Finish Date: .....

|  |  |                                 |  |
|--|--|---------------------------------|--|
| Cost centre:   |  | Internal Order:                 |  |
| Name of Excursion:   |  | Date of Excursion:              |  |
| Classes/groups attending:  |  |                                 |  |
| No of students attending:  |  | Expected total cost:            |  |
| No of paying students:   |  | Profit/Loss: Loss not permitted |  |
| Cost per paying student:   |  | No of International Students:   |  |
| <b><i>Please attach list of names of international students who are attending this excursion</i></b> |  |                                 |  |

### Excursion Cost Component Breakdown

Date account closed: ..... (Monies will not be collected at/by the Front Office)

| Supplier                             | Item (e.g. transport, food, administration) | Cost | Less GST (If any) | Total |
|--------------------------------------|---|------|-------------------|-------|
|                                      |   |      |                   |       |
|                                      |   |      |                   |       |
|                                      |   |      |                   |       |
|                                      |   |      |                   |       |
| Additional staff cost (\$500/person) |   |      |                   |       |

Note: Food. GST is paid on food. If the supplier will not provide a breakdown of food and other components the full cost of the excursion must be paid by the student. If the supplier does provide a breakdown then GST is paid only on the food component.

Please note:

1. Students MUST take home and have signed, by a parent/caregiver, the **Student Excursion Authorisation** note authorising their attendance at the excursion. These can be obtained from the Front Office.
2. No teacher should collect excursion fees (or accept any monies). Monies will be collected by the SASS staff and recorded on the student roll provided by the organising teacher.
3. Students must return the excursion fee to the Front Office in an envelope with their name, class, fee and name of excursion on the front.
4. Teachers should keep a record of **Student Excursion Authorisation** notes and excursion fees.

The Organising Teacher has correctly completed all necessary accounting/financial requirements.

.....  
SAM's Signature

.....  
Date

## Excursion Risk Management Plan

|                           |                        |
|---------------------------|------------------------|
| Organising Teacher:       | Group/class:           |
| Description of excursion: | Number in group/class: |
|                           | Contact Number:        |
| Location of excursion:    | Accompanying staff:    |
|                           |                        |
| Date(s) of excursion:     | Others accompanying    |

| Activity | Hazard Identification | Risk Assessment | Elimination or Control Measures | Who | When |
|----------|-----------------------|-----------------|---------------------------------|-----|------|
|          |                       |                 |                                 |     |      |
|          |                       |                 |                                 |     |      |
|          |                       |                 |                                 |     |      |
|          |                       |                 |                                 |     |      |

|                         |
|-------------------------|
| Students - Anaphylaxis: |
|-------------------------|

Venue and safety information reviewed and attached: Yes/No      Date:

Plan prepared by: ..... Prepared in consultation with: .....

Communicated to: .....

Signature of principal: ..... Date: .....  
NB: Principal must sign prior to excursion

| Monitor and Review   |  | By whom?      Date: |
|--|--|---------------------|
| Were the controls effective? Yes/No                                    | What further action is required for future excursions? |                     |
| Were all those involved in the excursion aware of the controls? Yes/No | No action required                                     |                     |
| Were any new hazards identified? Yes/No                                | No action required.                                    |                     |
| Signature:   |  | Review date:        |



## Guidance in completing the Management Plan

| Hazard Identification   |  | Risk Assessment   |   |                                     |          |               |       |  |
|---|--|---|---|-------------------------------------|----------|---------------|-------|--|
| <p>The following activities may assist with identifying hazards relating to activities at each stage of an excursion. Consider what could go wrong, that is, the potential injuries or illnesses that could occur. Hazards are the source of these potential injuries or illnesses.</p> |  | Risk Assessment Matrix  |   |                                     |          | Legend        |       |  |
|   |  | How serious could the injury be?  | How likely is it to be serious?   |                                     |          |               | 1 & 2 | Extreme risk; consider elimination of the activity. Otherwise determine controls that are reasonably practicable to minimise the risk. |
|   |  |   | Very Likely   | Likely                              | Unlikely | Very unlikely |       |  |
|   |  |   | Death or permanent disability   | 1                                   | 1        | 2             |       |  |
|   |  | Travel  | Consider aspects of travel that may present a hazards such as walking to and from the train, crossing the road, transport to the venue. | Long term illness or serious injury | 1        | 2             | 3     | 4  |
| Medical attention and several days off  | 2  |   | 3   | 4                                   | 5        |               |       |  |
| Venue   | Consider aspects of the excursion venue that may present a hazard such as location near water, cliffs, crowds, slippery floors.  | First aid needed  | 3   | 4                                   | 5        | 6             | 5 & 6 | Low risk; manage by routine procedures.  |
| Excursion Program Activity  | Consider the activities of the excursion program that may present a hazard such as hazards of bushwalking, collecting leaves, observing animals, swimming, singing at an eisteddfod, climbing.         | Severity is a measure of an injury, illness or disease occurring. When assessing severity, the most severe category that would be most reasonably expected should be selected.  |   |                                     |          |               |       |  |
|   |  | Likelihood is defined as the potential that an accident will happen that may cause injury or harm to a person. When making assessment of likelihood, you must establish which of the categories most closely describes the probability of the hazardous incident occurring.   |   |                                     |          |               |       |  |
| Elimination or Control Measures   |  |   |   |                                     |          |               |       |  |
| Equipment   | Consider any equipment that may present a hazard such as sporting equipment, high risk equipment of the venue.   | Hierarchy of controls<br>Eliminate the risk, or if this is not reasonably practicable, control the risk to the fullest extent possible by using the following hierarchy of controls.  |   |                                     |          |               |       |  |
| Environment   | Consider aspects of the environment that may present a hazard such as weather conditions, natural hazards such as bushfires  | Eliminate the hazard:<br>Remove the hazard. Change the activity or stop using it e.g. do not undertake a particular high risk activity such as abseiling in high wind; do not use high risk equipment.  |   |                                     |          |               |       |  |
|   |  | Substitute the hazard:<br>Replace the activity, material, or equipment with a less hazardous one e.g. choose an easier bushwalk.  |   |                                     |          |               |       |  |
| People  | Consider aspects of people that may present a hazard such as poor behaviour, the nature of participants such as maturity, age and skill, child protection issues, medical conditions or disabilities.  | Isolate the hazard:<br>Isolate the hazard from the person or risk; isolate through distance e.g. select a lunch location well away from water; check if a coastal walk has fencing.   |   |                                     |          |               |       |  |
| Accommodation   | Consider aspects of accommodation that may present a hazard such as insufficient supervision, standard of accommodation and amenities, meal menus and allergies, security and child protection issues. | Use engineering controls<br>Consider hiring coaches with seatbelts and ensure these are worn if available.  |   |                                     |          |               |       |  |
|   |  | Use administrative controls<br>Establish procedures and safe practice e.g. supervision of students, clear rules, instruction in safe methods, training of staff, volunteers and students in the excursion activities or in the use of equipment and qualifications of instructors. Require adequate travel insurance. Require current emergency care/first aid training for supervisors/delegated person. Require personal health plans for high risk participants. |   |                                     |          |               |       |  |
| Other   | Consider other hazards related to specific excursions.   | Use personal protective equipment<br>Use appropriately designed and properly fitted equipment such as safety goggles, hats and sunscreen, helmets, in conjunction with other control measures identified from above.  |   |                                     |          |               |       |  |