



Year 5 Birrigai
24th – 26th August 2022

Dear Parents,

Our Camp Birrigai excursion is approaching so we need to start making some preparations. Our camp is booked in for Wednesday 24th – Friday 26th August. The students and teachers are very excited about this already! The content of the excursion is a good mix of Gold related activities that support our Term 3 HSIE unit, as well as team building and outdoor education activities.

The cost of this excursion is \$280.00. This includes all outdoor education activities, accommodation and food, as well as coach travel to and from the venue. We understand this is a considerable amount of money, so offer you the choice of paying by instalments or in full, either way we would like all payments received by 17th August.

Additionally, no child will be excluded on financial grounds. If you need to adjust the payment period to suit your situation, please contact Mrs Hunter to make arrangements. However, arrangements do need to be made before your child goes on camp.

You can make payments directly at the office, electronically through the school website, or you can send cash or a cheque in with your child. Please put any cash or cheque into an envelope labelled with your child's name, class and the amount enclosed. A receipt will come home with your child.

If your child is anxious about attending this excursion, please come and discuss this with myself, Mrs Hunter or your child's teacher. So much is to be gained from this excursion in terms of personal growth, we are aware that for many children it is the first time away from home.

What do you need to do?

☐ Return the attached permission note as soon as possible

Note: If you indicate that your child has dietary requirements an additional form will come home for you to complete

☐ Make payment /s to the school

☐ Complete the Medical Information and Consent Form that is a requirement in attending any overnight excursion in the ACT.

Your prompt attention to completing this paperwork would be appreciated so we can start to prepare things from our end. If you have any questions, feel free to phone or email me.

A detailed note with what to pack as well as departure and arrival times will come out closer to the excursion date.

Regards,

Karen Harradence

Karen.Harradence@det.nsw.edu.au

27.06.2022

JERRABOMBERRA PUBLIC SCHOOL

YEAR 5 CAMP BIRRIGAI

Wednesday 24th – Friday 26th August

Please complete and return to your class teacher as soon as possible.

I give permission for my child, _____ in class _____ to attend

The Year Camp at Birrigai, ACT, from Wednesday 24th to Friday 26th August 2022.

I understand that my child will be travelling to and from the venue by coach and that there is a cost of \$280.00 to attend.

☐ I have enclosed \$_____ cash / cheque (please circle)

OR

☐ I have made an online payment. Receipt no. _____ Date ____ / ____ / ____

Online Payments: <https://jerra-p.schools.nsw.gov.au>

Click on "Make a Payment" tab

In 'Payment Options' please select **Excursion**

In 'Payment Description' please insert **Camp Birrigai**

Medical information

The following medical information is important to your child's safety and wellbeing. Please indicate if your child experiences any of the following:

☐ No Medical Conditions

☐ Any allergic condition

☐ Asthma

☐ Diabetes

☐ ADD/ADHD

☐ Epilepsy

☐ Other _____

Please list any medication to be taken during the excursion and times that it should be taken:

Dietary Requirements

Does your child have any specific dietary requirements?

Yes / No

*If you answered **yes** to this question, a specific dietary requirement information sheet will need to be completed **by 3rd August**. Please ensure this information sheet is returned in time to allow for this date.*

I give permission for my child to receive medical treatment in case of an emergency ☐ Yes ☐ No

Parent / Caregiver's Name: _____

Contact phone numbers: _____ or _____

Signed: _____ Date: _____

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name		Date of Birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
School		School Year			
Parent/Carer Name		Address			
Telephone Contact	Mobile	Home	Business		
Emergency Contact 1			Telephone		
Emergency Contact 2			Telephone		
Name of Qualified Health Professional			Telephone		

Section B – Medical Information	
Please tick if your child suffers any of the following:	
<input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis* <input type="checkbox"/> Asthma*	<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Diabetes* <input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy* <input type="checkbox"/> Fainting <input type="checkbox"/> Fits or blackouts	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Headaches <input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Reaction to Drugs <input type="checkbox"/> Sight/Hearing Problems <input type="checkbox"/> Sun Screen Sensitivity	
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify) _____	
Please identify whether your child is presently taking any medication: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 	
Date of last tetanus injection _____	
Are you aware of any physical or psychological limitations of your child (please specify)? _____	
Is there any other information which you believe may be relevant to the general medical/health care of your child? _____	

Section C – Parent/Carer Authorisation	
1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to: a. the provision of first aid; b. the provision of analgesics; c. treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). 2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. 3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications. NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i> , in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.	
Parent/Carer Signature	Date

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID	Entered into MAZE	<input type="checkbox"/>	Date