



### Year 4 Birrigai Camp - 2021

<b>COST</b>	\$310.00	Cost covers:	Travel <input checked="" type="checkbox"/>	Entry <input checked="" type="checkbox"/>	Program <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
<b>Departure Date</b>	Wednesday 28 July 2021	<b>Departure Time</b>	9:30am			
<b>Return Date</b>	Friday 30 July 2021	<b>Return Time</b>	2:45pm			
<b>Event Location</b>	Birrigai at Tidbinbilla, 142 Tidbinbilla Road, Tharwa ACT					
<b>Transport</b>	Chartered Coach					
<b>Purpose</b>	The camp will provide an opportunity for students to engage in team building and leadership activities in an outdoor education environment.					
<b>Teacher(s)</b>	Year 3/4 teachers & Jen Hearne/ Maz Smith					
<b>Additional Information</b>	<u><a href="#">Dietary Requirements</a></u> – Please complete if your child has any dietary requirements "What to Bring" list attached					
<b>Classes/Year Group:</b>	Year 4	<b>Number of Adults Attending:</b>	8			
		<b>Fee Code</b>	BIRR21			

**NOTE:** This excursion is an optional enrichment activity and parents are expected to cover the costs incurred. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed

**PLEASE COMPLETE AND RETURN TO THE FRONT OFFICE NO LATER THAN:**

**Monday 21 June 2021**

**Please note: We cannot accept permission responses after this date.**

I consent to my child \_\_\_\_\_ in roll group \_\_\_\_\_ in  
attending **Year 4 Birrigai Camp 2021 (BIRR21)**

I have:

- Paid the full amount of **\$310.00 OR**  
 Paid a deposit of \$110.00 and will pay the balance of \$200.00 by 16 July 2021.

Please note: Payments can be made by instalments please contact the Business Manager

**AND**

- Completed the attached Excursion Medical Consent Form and returned it with this permission slip.  
 I note the following special dietary considerations:

**OR**

- My child will not be attending Birrigai Camp in 2021. I am aware that my child will still be expected to attend school on these dates as per normal.

**Payment method** (Please see over for details on how payment can be made)

I have read the information at the top and on the back of this permission form regarding this excursion and understand what it contains:

**Signature of Parent:** \_\_\_\_\_





Pay in person with cash or cheque:

Correct amount would be appreciated as we do not carry change.

Cheques are made payable to *Charles Weston School*.

Pay by Direct Credit:

Bank transfer into the school bank account.

BSB: 032 -777

Account: 002650

Account Name: Charles Weston School Coombs

Reference: (Family Key) BIRR21

Pay by Debit/Credit card:

Payments made via Debit/Credit Card can be made in via EFTPOS either in person to the Front Office, over the phone, or by completing the page attached  
OR

Using Westpac Quickweb payment service.

Click on the *PAYMENT* tab on the school website:

[www.charlesweston.act.edu.au](http://www.charlesweston.act.edu.au)

**Please Note:-**

**Student Key** – Usually the first 5 characters of the student's surname and first character of their given name

**Family Key** - Usually the first 5 characters of the family's surname and first character of their given name

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. A risk assessment for this activity has been completed and is available to view upon request.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*The school has made every effort to keep costs for this activity at a reasonable level. Financial assistance may be available to assist families who are not able to make the requested contribution. Please contact the Business Manager. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed. If your child is not able to attend on the day, refunds may not be available for some or all of the costs.*

*The teacher in charge will make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. The costs associated with any emergency arrangement made by the teacher in charge will be met by the parents/guardians (free ambulance transportation only applies in the ACT).*

*The student will be under the authority of the school for the duration of the excursion and that the teacher in charge is authorised to return the student to the school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action and after contacting the parent.*

**EXCURSION MEDICAL INFORMATION AND  
CONSENT FORM**

**This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken on the excursion.**

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 your child's school and will be made available to staff of the school 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 *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

**Personal Details**

Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
School:		School Year:		Camp/Excursion:	
Parent/Carer:					
Address:					
Contact Telephone Nos					
Business Hours:		After Hours:		Mobile:	
Other Contact for Emergency:				Telephone No:	
Name of Student's Doctor:				Telephone No:	
Medicare No:		Private Health Fund No:		Membership No:	
Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.					

Please tick if your child suffers any of the following:

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> allergies              | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis            | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma                 | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) |   |  |  | <input type="checkbox"/> sun screen sensitivity |

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:	
Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion	
Is the student presently taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any physical or psychological limitations of your child? Please give details.	
Is there any other information which you believe may help us to provide the best possible care?	

**Consent to medical attention:** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed

## **Birrigai Recommended Packing List**

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### **BASED ON 2 DAY STAY**

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- 2 sets of underwear
- 2 pairs of socks
- 2 shirts with sleeves (1 short sleeved, 1 long sleeved) no singlet tops
- 1 woollen or polar fleece jumper (2 in winter)
- 2 pairs of trousers/track pants
- 2 pairs of in-closed shoes (runners or boots)
- Pyjamas
- Towel
- Hand towel (paper towels are not supplied in bathrooms)
- Toiletries
- 1 broad brimmed hat
- Sunscreen
- Sleeping bag or 2 sheets
- 1 pillow

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### **BIRRIGAL WILL PROVIDE**

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Blankets (1 in summer/2 in winter)

Water bottles

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### **DO NOT BRING**

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Any food including lollies, soft drink or nut or products containing nuts

Ipods or portable music players

Expensive cameras

Torches

