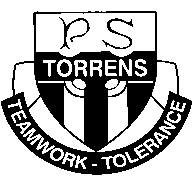
**Torrens Primary School**

Ritchie Street TORRENS A.C.T. 2607

Phone: 6142 0777 Email: [admin@torrensps.act.edu.au](mailto:admin@torrensps.act.edu.au)

Website: www.torrensps.act.edu.au

**Year 5 Long Day Camp to Birrigai Outdoor Education Centre - Information for Parents**

15 June 2021

Dear Parents and Carers,

The following details relate to an educational excursion to Birrigai Outdoor Education Centre for our Year 5 students.

**Date: Wednesday 28 July** (Week 3, Term 3)

**Time:** Pick up from Beasley Street at school at 9.30am on Wednesday morning. Buses will return to school by approximately 2.30pm in the afternoon.

**Transport:** Qcity Buses

**Group Size:** approximately 67 students plus 4 staff **Staff: Student Ratio:** 1:16

**Trip Leader: Jodie Stewart**

**Cost:** $ 48

*The school has made every effort to keep the cost for this excursion at a minimum level. If necessary, parents or carers can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.*

**Notes due to front office:** Wednesday 14 July (Week 1, Term 3)

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

**Purpose of excursion:** Students will participate in a range of activities designed to support the learning of our History Inquiry in term 3. students will immerse themselves into life on the goldfield diggings.

**Activities:** Students will visit a mock goldfield, fossick for ‘gold’ and gain an understanding of life on the diggings as well as an appreciation of events leading to the Eureka Stockade.

**Clothing and Equipment:** Comfortable clothing and secure footwear is required with consideration for inclement weather (Warm/wet weather).

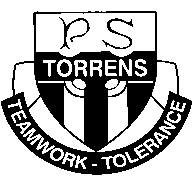
**Recommended Packing list-**

* drink bottle
* hat / beanie
* warm jacket / jumper
* fruit/ recess/lunch /healthy snack
* The students will have the **option** of having a Birragai-made biscuit as part of the program (Please inform us on the medical form if your child will not have the biscuit due to allergies- oats, eggs, gluten).

**Contingency:** We may cancel this excursion if we do not get enough students going to support running costs, or possibly postpone if extreme weather conditions are forecast.

**Behavioural expectations:** As with all school events we expect all students to adhere to Torrens Primary’s PBL values of being safe and respectful learners. *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. 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.*

Kind Regards, ***The Year 5 Teaching Team***

**Torrens Primary School**

Ritchie Street TORRENS A.C.T. 2607

Phone: 6124 0777 Email: [admin@torrensps.act.edu.au](mailto:admin@torrensps.act.edu.au)

Website: www.torrensps.act.edu.au

**Excursion Permission Note for Parent**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Class \_\_\_\_\_\_\_ to attend the Year 5 Camp to Birrigai Outdoor Education on Wednesday 28 July 2021, travelling by bus and other details as outlined in the Excursion Information for Parents.

Yes   ☐          I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion on the attached *Excursion Medical Information and Consent form.*

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

Is there any additional information you need to provide to support your child’s participation in this excursion?

Yes   ☐          No   ☐

If yes, please provide these details (eg cannot have Birrigai biscuit due to allergy)

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

Name of Parent/Carer: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Payment details: Total Cost: $48**

□ On-line ([www.torrensps.act.edu.au/payment](http://www.torrensps.act.edu.au/payment)) Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or □ EFTPOS \_\_/\_\_/\_\_

|  |  |
| --- | --- |
|  | **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: | | □ M □ F |
| School: |  | | | | | | | Class | | |  | | | Camp/Excursion: | | | | | Year 5 Birrigai-July 2021 | | | | |
| 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: | | | | | |
| □ allergies | □ blood pressure | | □ epilepsy | □ hayfever | □ nose bleeds |
| □ anaphylaxis | □ diabetes | | □ fainting | □ headaches | □ reaction to drugs |
| □ asthma | □ eczema | | □ fits or blackouts | □ heart condition | □ sight/hearing problems |
| □ other (please specify) | |  | |  | □ sunscreen sensitivity |

If you have ticked any of the boxes above a Known Medical condition Response Plan must be provided*.* Proforma Plans are available from the school or the website. *NB. Without a Known Medical Condition Response Plan the school can only provide first aid treatment.*

***Please turn over***

|  |  |  |
| --- | --- | --- |
| 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 □ No □ |
| 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 □ No □ |
| 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 student’s name, dosage and frequency of administration.): | | |
|  | | |
| I consent to my child receiving paracetamol for temporary pain relief? | | Yes □ No □ |
| 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.

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_