**Torrens Primary School**

Ritchie Street

 TORRENS A.C.T. 2607

Phone: 6142 0777 Email: admin@torrensps.act.edu.au Website: www.torrensps.act.edu.au

**EXCURSION:** Year 5 camp to Cooba Sport and Education Centre (CSEC)

**WHEN:** Wednesday 24 February – Friday 26 February 2021 (Week 4)

**TIME:** Bus departs Torrens Primary School (Ritchie Street) at 8.30am on Wednesday 24 February and returns to Torrens Primary School at approx. 3.30pm on Friday 26 February

**TRANSPORT:** By bus provided by CSEC

**COST:** $335.00\*

**\**As stated when Expressions of Interest were sought in Term 4 last year,* *we require a minimum number of students to attend camp for it to go ahead. If this number is not reached by the due date for return of all completed notes, the camp may not be able to go ahead and any payments made will be refunded.***

**PERMISSION, MEDICAL and DIETARY REQUIREMENTS NOTES DUE BY:** *No later than* **Friday 12 February (Week 2)**

**PAYMENT DUE BY:** Monday 22 February (Week 4).

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*This is an optional activity but enriches the school life of the child. Payment is required to cover the cost of your child attending this excursion. The school has made every effort to keep costs for this activity at a reasonable level.*

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Students will participate in a three-day outdoor pursuits program which focuses on team building, peer support, building self-esteem, independence, organisation and leadership skills. The students will be encouraged to participate in all activities to their level of comfort and ability.

Cooba Sport & Education Centre (CSEC) is accredited by the Outdoor Recreation Industry Council of NSW (ORIC). Experienced, well-trained and qualified instructors are used for all activities. All instructors have been screened for Child Protection and at least one (but usually all) instructors for each activity have current First Aid and Resuscitation Certificates.

CSEC has also been registered as a COVID Safe Business and has implemented a COVID-19 Safety Plan to protect all visitors and staff. The appropriate number restrictions for people inside the venue will be adhered to, and additional hand sanitisation stations and practices have been implemented across the site. Students need to bring their own pillow, linen or sleeping bag and ideally personal hand sanitiser. Please look at the What to Bring list over page for more information.

Accompanying the students will be the Year 5 Teaching Team and Ms Zeitlhofer (First Aid Officer).

You can ask any of the team for help if you have any questions at all. If you wish your child to attend camp,

Please complete and return the attached forms and make payment by the due dates advised above.

***Turn over for a What to Bring to camp list***

*--------------------------------------------------------------------------------------------------------------------------------------------*

*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 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.*

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**COOBA CAMP 2021 - WHAT YOU NEED TO KNOW & WHAT YOU NEED TO BRING**

**Meals:** Morning tea, lunch and afternoon tea for the first day will need to be packed and brought on the bus in backpacks. All other meals provided.

**What to bring:**

* Linen (2 sheets) **or** a sleeping bag, pillow slip **and own pillow**
* Bathroom towel
* General clothing for number of days away. Ensure two extra sets in case one gets wet. Although it is not yet winter, climate change in the mountains may be rapid and the secret is to get warm, then stop the wind with a wind proof jacket.
* Swimmers, old clothes and old runners for the outdoor activities and courses.
* Toothbrush, toothpaste, soap, personal hand sanitiser
* 2 pairs of comfortable footwear in case one pair gets wet
* Two plastic bags, for wet / dirty clothes
* SPF 30+ sunscreen, lip balm
* Outdoor jacket
* Hat
* Water bottle
* Back pack to take on bus and around during the day
* There is no need to bring spending money as unfortunately at this stage the souvenir shop is closed due to COVID

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**Year 5 Camp to Cooba Sport and Education Centre**

**PERMISSION NOTE**

***Return to Front Office:***

**Your child is not able to attend this excursion unless the permission note, medical and dietary requirements form (attached) are completed.**

I give permission for my child to attend the **Year 5 Cooba Camp** from Wednesday 24 February to Friday 26 February 2021.

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_

PARENT/CARER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: *\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

**\*PAYMENT DETAILS**

**Excursion:** 2021 Year 5 Cooba Camp **Cost:** $ 335

□ On-line (www.torrensps.act.edu.au/payment)

Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ EFTPOS

\*To minimise the handling of cash we request that, where possible, you pay online or via EFTPOS at the Front Office.

|  |  |
| --- | --- |
|  | **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: | 2021 Yr 5 Cooba Camp |
| 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. |  |

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| --- |
| 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) |  |  | 🞏 sun screen 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 students 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DIETARY REQUIREMENTS FORM**

**EXCURSION:** Year 5 Cooba Camp -Wednesday 24 February to Friday 26 February 2021

**If your child is attending Cooba Camp please complete the dietary requirements information below and return with permission and medical forms to the Front Office by Friday 12 February 2021 (Week 2)**

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_

PARENT/CARER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: *\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ My child is attending Cooba Camp and does not have special dietary requirements

□ My child is attending Cooba Camp and does have special dietary (medical and cultural only) requirements outlined below:

As Cooba is a nut free site, there is no need to include nut free dietary restrictions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Requirement** | **Reason** | **Anaphylactic** | **Can have / Can’t have** *(Please be very specific)* |
| *EG: Jack Smith* | *Gluten Free Diet* |  *Medical* | *Yes / No* |  *Eg: Can’t have preservative 282, gluten, wheat, etc.* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |