**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

**EXCURSION:** Year 4 Birrigai Camp

**DATE:** Wednesday 19 May – Friday 21 May 2021 (Week 5, Term 2)

**TIME:** Bus picks up from school at 9.30am and returns to school on Friday at approx. 2.30pm

**TRANSPORT BY:** Qcity buses

**COST:** $280.00

**Payment, Permission, dietary and medical notes due:** Wednesday 21 April (Week 1)

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*This is an optional activity but enriches the school life of your 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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The Year 4 camp for 2021 will be to Birrigai Outdoor School. Students will be involved in team building, adventure activities and environmental programs with a focus on Indigenous perspectives.

Important information to note:

1. There is no mobile reception at Birrigai. The after-hours land line number at Birrigai is **6237 5135**.
2. Luke Manwaring, Marg Hallen, and Louise Zeitlhofer will be attending Birrigai for the camp duration.
3. Accommodation is dormitory style.
4. A teacher’s car will be on site for the three days of the camp.
5. Louise Zeitlhofer is the executive teacher in charge and First Aid Officer. Her telephone number is 6142 0777 during work hours.

Please complete the permission, dietary requirements and medical forms attached and return completed forms with payment by the due date of Wednesday, 21 April **(Week 1 Term 2).** Your child is not able to attend this excursion unless both the permission note, medical and dietary forms are completed.

If your child is NOT attending camp, please still complete the permission note, by ticking box (2), sign and return to the Front Office.

If you have any questions at all, please contact the Front Office.

***Luke Manwaring – Year 4 Teacher***

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*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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**Year 4 Camp to Birrigai Outdoor Learning Centre**

**PERMISSION and DIETARY**

***Return to Front Office:***

**Please tick (√) either (1) or (2):**

**(1)** I **give permission** for my child to attend the Year 4 Birrigai Camp to Birrigai Outdoor Centre on Wednesday 19 May to Friday 21 May 2021.

*Dietary requirements:*

My child has special dietary requirements (medical and cultural only) detailed in the box below. (Note: Birrigai is a nut free site, so there is no need to include nut free dietary restrictions here)

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

***OR***

**(2)** My child **will not be attending** the Year 4 Camp to Birrigai

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CLASS: \_\_\_\_\_\_\_\_\_

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

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

**\*\*PAYMENT DETAILS**

**Excursion:** Year 4 Birrigai Camp **Cost:** $280.00

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

□ 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: | | | | | Yr 4 Birrigai 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. | | | | | | | | | | | | | | | | | | |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tick if your child suffers any of the following: | | | | | |
| 🞏 allergies | 🞏 blood pressure | | 🞏 epilepsy | 🞏 hay fever | 🞏 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: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_