**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 3 Birrigai Long Day Camp

**DATE:** Tuesday 23 March 2021 (Week 8)

**TIME:** 9am until 4.45 pm. **Please note these times are *outside normal school hours.***

**TRANSPORT BY:** Qcity coach

**COST:** $78

**Permission, dietary and medical notes due:** Tuesday 9 March (Week 6)

**Payment due:** Friday 19 March (Week 7)

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Students will experience two epic outdoor adventures at Birrigai during our long day camp - the “Aboriginal Camp Fire Experience” and “Let’s Throw It Far”. We will break between sessions to eat our own lunch and experience some bush play. All these wonderful experiences link to our Humanities and Social Sciences curriculum, exploring the importance of Country and Place to Indigenous Peoples who belong to a local area.

The coaches transporting us to Birrigai will leave school at **9am *sharp***. **Please note that this is an *early* pick up before the school day begins!** ***No*** waiting will occur for late arrivals. Students will return to school **by 4.45 pm.** **Please note that this is a *late* return*.***At no point will students be dismissed without a parent or carer to collect them. If you require alternate arrangements, such as direct transfer to After School Care, please contact your child’s teacher as soon as possible to make the arrangements.

**Students will need to:** **bring their own recess, lunch and a *full* water bottle**, wear full school uniform, a warm jumper or jacket, covered shoes and a sun-smart hat. Birrigai Biscuits *may* be served during the day, so please indicate on the permission form if your child requires these to be gluten free.

Please complete and return the permission and medical forms and make payment by the due dates shown above. We do require quick return of the notes (Week 6) to allow Birrigai to finalise planning. Payment may be made by the end of Week 7.

*We are aware that this is an expensive excursion but have chosen to offer it as we will* ***not*** *be having an overnight camp this year. Please do not hesitate to contact us if you need financial support to enable your child to attend.*

Please let us know if you have any queries at all by contacting the Front Office.

***The Year 3 Teaching Team***

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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 3 Long Day Camp at Birrigai Outdoor Learning Centre**

**PERMISSION NOTE**

***Return to Front Office:***

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

I give permission for my child to attend the Year 3 Long Day Camp excursion to Birrigai Outdoor Learning Centre on Tuesday 23 March 2021.

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

***Dietary requirement:***

*My child does/doesn’t require gluten-free Birrigai biscuits (circle or cross out as appropriate)*

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

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

**\*\*PAYMENT DETAILS**

**Excursion:** Year 3 Birrigai Long Day Camp **Cost:** $78

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

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

□ EFTPOS

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

|  |  |
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|  | **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 3 Long Day Camp to Birrigai 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. | | | | | | | | | | | | | | | | | | |  | | | | |

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| --- | --- | --- | --- | --- | --- |
| 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: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_