**Torrens Primary School**

Ritchie Street TORRENS A.C.T. 2607

Ph: 6142 0777 E: [admin@torrensps.act.edu.au](mailto:admin@torrensps.act.edu.au) W: www.torrensps.act.edu.au

**Information for Parents –** **2024 Year 5/6 to Kianninny Bush Cottages, NSW**

**Location:** 246 Tathra Road, Tathra NSW 2550 (ph. 02 64941990 email - info@campkianinny.com.au)

**Date(s):** Wednesday 13 March to Friday 15 March 2024 (Week 7, Term 1)

**Time:** Pick up from Ritchie Street (front of school) **at 8.15 am sharp** on Wednesday morning. Children **MUST arrive at school by 8.00 am** to make departure time. The coach will return to school by approximately 3.45pm on Friday afternoon.

**Transport:** Coach **Group Size:** approx. 120 students & 6 staff **Staff/Student Ratio:** 1:20

**Trip Leader:** Mark Nicholson **, Other staff attending:** Year 6 Teachers; Sandi Lees, Kat Taylor (First Aid Officer), Year 5 teachers Sam Hancox; Chloe Muthukumaraswamy. A team teacher Emma Van Smethills.

**Cost:** $ 364 - *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.*

**TPS Permission & payment due:** Tuesday 27 February 2024(Week 5, Term 1)

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**Purpose and Activities:** Located on the South Coast of NSW Kianinny Bush Cottages offers a unique location for Year 5/6 camp. Students will be able to participate in activities such as archery, zip line, low ropes course, and more. While the students are having a blast participating in all the activities offered, they will also be learning fundamental skills around communication, decision making, problem-solving, resilience, team building and leadership.

**Health and safety:** You will be required to complete an online diet registration with the Collaroy Centre before your child attends the camp. The online registration will be sent to you shortly via the primary email address we have for you on our records. Please ensure your email address is up to date so that you do not miss this important email.

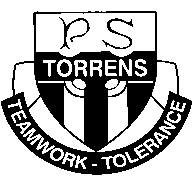
**Excursion Risk Assessments:** Available to view on request from the Front Office.

**Clothing and Equipment:** A comprehensive list of what to pack will be sent to you closer to the time of camp. Please note that your child will be required to bring a bottom sheet as well as their sleeping bag, pillowcase and own towel.

**Contingency:** You will be advised as soon as possible if any details about the camp need to change.

**Behavioural expectations:**  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.

Please speak to the classroom teacher in the first instance if you have any questions about camp.

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**Permission – 2024 Year 5/6 to Kianninny Bush Cottages, NSW**

I give permission for my child first name: \_\_\_ \_\_\_\_ Surname: \_\_\_\_in Year/Class\_\_\_\_\_\_\_\_\_\_\_to attend the Year 5/6 Camp to the Kianniny Bush Cottages, from Wednesday 13 March to Friday 15 March 2024, travelling by coach as outlined in the attached *Information for Parents.* I understand that my child needs to arrive at school on the morning of departure by 8.00 am.

Yes   ☐        I understand I will need to complete the online diet registration required by the Collaroy Centre which will be sent to my email address shortly.

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 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.*

Tick (√) or cross (x) and complete as required:

□ I have submitted a **Medical Information and Consent Form** **for 2024** for my child.

□ I have submitted an up to date **Known Medical Condition Response Plan** **for 2024** (as required).

□ Ifyour child’s medical information has changed since completing 2024 medical information for the school, please **update this with the Front Office as soon as possible**.

□ If your child requires medication to be administered during camp (e.g. antihistamine, pain relief) please complete a **Medication Authorisation and Administration Record** (download from website or obtain from the Front Office) and provide labelled medication to class teacher on the morning of camp departure.

**□ In case of an emergency during camp:**

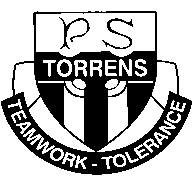
Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Medicare No: |  | Private Health Fund No: |  | Membership No: | |  |
| Ambulance Fund: NOTE, Parents are responsible for ambulance costs outside the ACT. | | | | |  | |

**Parent/Carer (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_Date:\_\_ /\_\_ /\_\_**

*Please turn over to record payment details and view Privacy Policy information.*

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**Payment details - 2024 Year 5/6 to Kianninny Bush Cottages, NSW**

**Total Cost:** $364

*Preferred* payment is via EFTPOS or online via the website.

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

Amount paid: $\_\_\_\_\_\_\_\_\_

□ EFTPOS Please call the Front Office if you wish to make EFTPOS payments over the phone, or you can come in to make an EFTPOS payment at the front desk.

Amount paid: $\_\_\_\_\_\_\_\_\_ Date paid: \_\_/\_\_/\_\_

If you fill in this permission form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU). This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate’s website (www.det.act.gov.au) on the About Us page.