**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

**Information for Parents - Year 6 Borambola Camp**

**Date(s): Wednesday 10 to Friday 12 August 2022** (Week 4, Term 3)

**Time:** Pick up from Ritchie Street (front of school) at school **at 7.45am sharp** on Wednesday morning. Children **MUST arrive at school from 7.15am** to make departure time. Buses will return to school by approximately 4.45 pm on Friday afternoon.

**Transport:** Murrays Coaches

**Group Size:** approximately 67 students and 4 staff **Staff/Student Ratio:** 1:17

**Trip Leader: Sam Hancox**

**Other staff attending:** Year 6 Teaching team

**Cost:** $ 325 - *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.*

**Registration, notes and payment due: Tuesday 19 July (Week 1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of excursion:** Students will be given the opportunity to participate in a range of physical activities designed to build confidence, resilience and encourage teamwork.

**Activities:** will include archery, team initiatives, mini golf, circus skills and BMX riding.

**Health and safety:** You are required to register your child for this camp via this unique URL:

<https://officeofsport.ungerboeck.com/prod/emc00/register.aspx?eid=WkJrVytWK05aLzcyUzJacHBrbFRjQT090>

Once on the website, please complete the online medical and consent form. The information you provide on the medical and consent form will help camp staff to look after your child’s health needs at camp. If your child has an injury or pre-existing condition, allergy, special dietary needs or is on prescription medicines, please provide full details on this form.

**Clothing and Equipment:** There is a comprehensive list for what to pack, on the NSW Office of Sport website: <https://www.sport.nsw.gov.au/sport-and-recreation-centres/school-camps/parent-information-school-camps>

**Excursion Risk Assessment:** Available on request from the Front Office

**Contingency:** We may cancel the camp if we do not get enough students going to support running costs or if extreme weather conditions are forecast or if there is a change to prevailing Covid 19 restrictions.

**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 if you have any questions about the camp.

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Website: www.torrensps.act.edu.au

**Permission – Year 6 Borambola Camp**

I give permission for my child (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Class \_\_\_\_\_\_\_ to attend the Year 6 Camp to Borambola Sport & Recreation Centre from Wednesday 10 August to Friday 12 August 2022, travelling by bus and other details as outlined in the Excursion Information for Parents. I understand that my child needs to arrive at school on the morning of departure at 7.15am.

Yes   ☐          I have completed the online registration of my child with Office of Sport including the completion of its medical and consent form, via the unique URL:

<https://officeofsport.ungerboeck.com/prod/emc00/register.aspx?eid=WkJrVytWK05aLzcyUzJacHBrbFRjQT090>

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:

□ You have previously completed the **Medical Information and Consent Form** for your child for 2022.

□ Ifyour child’s medical information has changed since completing the Excursion Medical Information and Consent Form for this year, please **update this with the Front Office prior to the excursion**.

□ If your child requires medication to be administered during the excursion (e.g antihistamine, pain relief) please complete a **Medication Authorisation and Administration Record** available from the Front Office.

**□ In case of an emergency during the excursion:**

 Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime 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***

**Payment details: Total Cost: $325**

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

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

□ EFTPOS (please call the Front Office if you wish to make an EFTPOS payment over the phone)

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

If you fill in this 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.