

2024 Year 5 and Year 6 Camp JINDABYNE SPORT AND RECREATION CENTRE

Dear Families,

The following details relate to an educational three-day camp to **Jindabyne Sport and Recreation Centre**, which is being organised for Year 5 and Year 6 students.

The staff at Jindabyne Sport and Recreation have tailored a program to meet the needs and interests of our Year 5 and Year 6 students.

Some of the program activities may include:

- low and middle rope courses;
- slider trikes; and/or
- indoor rock climbing

Dates/time	Wednesday 8 May – Friday 10 May, 2024
Purpose of excursion	Year 5 and Year 6 students will engage in a variety of individual and team challenges designed to develop skills in decision-making, problem-solving, leadership, self-confidence, self-awareness and teamwork Children will stay in cabins overnight with some of their chosen friends.
Venue	Jindabyne Sports and Recreation Centre, 207 Barry Way, Jindabyne NSW
Transport	Air-conditioned, seat belt equipped coaches Depart Farrer PS at 7:30AM on Wednesday 8 May (PLEASE arrive at FPS at 7:00AM) Return to Farrer PS approx. 4:00PM on Friday 10 May, 2024
Attending Staff	Year 5 and Year 6 teachers and a School Leader
What to bring	A packing list will be provided closer to camp along with other travel information
Cost	\$360.00 covering transport, program, meals provided at camp venue and accommodation
Return Notes (ASAP) & Payment	PAYMENT by Wednesday 10 April 2024 (Week 11 Term 1) Permission notes will not be accepted after this date because we are required to give final numbers to Jindabyne Sport and Recreation Centre prior to the camp.

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the School Executive or Business Manager. Please contact the front office if you would like to speak with School Executive or Business Manager.

Please read and sign the attached permission note. We have also included a camp code of behaviour. Please discuss this with your child and ask them to sign the agreement with you after discussion.

As this is an excursion which involves staying overnight, ALL families must fill in the attached medical form.

Jindabyne Sport and Recreation will supply an additional online link for their own medical form which will also include dietary requirement information. We require families to include information about medications that may need to be administered during the excursion.

This is an optional activity to enrich curriculum outcomes, a payment will be required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide this excursion. Individual records of contributions are confidential.

Jodie White
Senior Years Executive

1 February 2024

PERMISSION NOTE - YEAR 5 AND YEAR 6 CAMP AT
JINDABYNE SPORT AND RECREATION CENTRE, JINDABYNE, NSW

I give permission for my child _____ in class _____ to attend the Year 5 and Year 6 camp at Jindabyne Sport and Recreation centre, Jindabyne NSW, from Wednesday 8 May to Friday 10 May, 2024.

☐ I authorise the school to decide for the welfare of my child, including emergency medical attention from the nearest medical facility. I agree to meet any costs associated with any emergency arrangement made by the school.

(Parents and carers should note that free ambulance transportation only applies in the ACT; therefore parents/carers are reminded to check health cover for ambulance transportation outside the ACT).

☐ I agree that my child will be under the authority of the school for the duration of the camp, and that the school may contact myself to collect my child due to illness or consistent inappropriate behaviour if the school considers that circumstances warrant such action.

☐ I understand that my child will travel by coach to and from Jindabyne Sport and Recreation Centre, in Jindabyne.

I have completed:

☐ Form 1. Permission note to attend Jindabyne Sports and Recreation Centre

☐ Form 2. Camp Code of Behaviour

☐ Form 3. Medical information form (2 pages)

(I acknowledge that I will receive an additional online link to provide further information to Jindabyne Sport and Recreation Centre)

☐ Form 4. Travel sickness information, PG viewing permission

☐ Form 5. Payment form

Parents/ Guardian Contact Details

Daytime contact 1 - Name: _____ Phone: _____

Daytime contact 2 - Name: _____ Phone: _____

Night time contact 1 - Name: _____ Phone: _____

Night time contact 2 - Name: _____ Phone: _____

Name of Parent / guardian: _____

Parent/ guardian Signature: _____ Date: _____

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, willful or disobedient behaviour.

If students choose to engage in behaviours which are considered inappropriate and harmful to others, they will be returned to their homes and the costs involved will be the responsibility of the parents.

The ACT Education Directorate does not provide any insurance cover for injury, disease or illness to students resulting from school activities or school-organised excursions. Claims for compensation are met where there is a legal liability to do so. Liability is not automatic and depends on the circumstances in which any injury, disease or illness was sustained.

As there is no automatic insurance cover for personal injury if your child is injured at school or during a school organised activity/excursion you should therefore consider whether taking out personal insurance cover for your child is warranted.

This insurance might cover contingencies including medical/hospital expenses, ambulance transport outside the ACT, and cancellation of transport/accommodation or loss of/damage to luggage.

*The ACT Ambulance Service provides free ambulance transport for students who are injured or suddenly become ill at school or during an approved school organised activity **within the ACT***

CAMP CODE OF BEHAVIOUR –**Years 5 & 6 – Camp to JINDABYNE SPORT and RECREATION CENTRE:****8 May – 10 May 2024****Code of Behaviour on Camp**

The following expectations are Farrer Primary's ALL SETTINGS Positive Behaviour for Learning (PBL) expectations. These expectations are based around being safe, respectful, responsible learners. They will also be required to be shown whilst on camp.

Be SAFE:

- we care for each other
- we use safe hands, feet and bodies
- we walk up and down stairs
- we stay in bounds

Be RESPECTFUL:

- we follow instructions
- we speak kindly
- we take turns
- we care for equipment and environment
- we play by the agreed rules

Be RESPONSIBLE:

- we own our behaviour
- we are in the right place at the right time
- we ask for staff help when needed
- we are waste wise and water wise

Be a LEARNER:

- we take part in learning
- we do our best
- we are prepared
- we respect everyone's right to learn
- we represent our school with pride

**CAMP CODE OF BEHAVIOUR****Student Agreement**

I, _____ have read the above information and agree to follow this Code of Behaviour.
(Student name)

_____ (Student Signature)

Parent/Caregiver Agreement

I have read the above information with my child and discussed the Code of Behaviour. I agree to collect my child from camp (Jindabyne Sports and Recreation Centre, Jindabyne NSW) if the teachers decide it is necessary to do so.

(Name printed)

(Parent/Caregiver signature)



MEDICAL INFORMATION AND CONSENT FORM

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name				Date of Birth	
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> They use different term (please specify) _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>				
School				School Year	
Parent/Carer Name				Address	
Telephone Contact	Mobile		Home		Business
Emergency Contact 1				Telephone	
Emergency Contact 2				Telephone	
Name of Qualified Health Professional				Telephone	

Section B – Medical Information	
Please tick if your child suffers any of the following:	
<input type="checkbox"/> Allergies (please specify) _____ <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Epilepsy* <input type="checkbox"/> Hay Fever <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Fainting <input type="checkbox"/> Sun Screen Sensitivity <input type="checkbox"/> Reaction to Drugs (please specify) _____ <input type="checkbox"/> Eczema <input type="checkbox"/> Headaches <input type="checkbox"/> Asthma* <input type="checkbox"/> Anaphylaxis* <input type="checkbox"/> Diabetes* <input type="checkbox"/> Fits or blackouts <input type="checkbox"/> Heart Condition <input type="checkbox"/> Sight/Hearing Problems <input type="checkbox"/> Travel sickness	
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
Please identify whether your child is presently taking any medication:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the parent/carer must give written permission and direction for the administration of any medication during school related activities, as follows: <ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days, or antihistamines) please complete the <i>Medication Authorisation and Administration Record</i> and if necessary, provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 	
If your child requires medication, please provide a summary of dosage here: <i>(the school will also contact you for more information and request other paperwork to be completed as mentioned above)</i>	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation

1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:
 - a. the provision of first aid;
 - b. the provision of analgesics;
 - c. treatment as outlined in the attached *Known Medical Condition Response Plan* (where relevant).
2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.
3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications. NB: Parents/carers should note that in the absence of a *Known Medical Condition Response Plan*, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.

Parent/Carer Signature

Date

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

TRAVEL SICKNESS

My child _____ **does/does not** (please circle) suffer from travel sickness.

My child's travel sickness is managed as follows:

Please include name of medication and dosage (if required) – *the school may contact you for more information:*

PERMISSION TO WATCH A PG RATED PROGRAM OR FILM

I **give / do not give** (please circle) permission for my child _____ to watch a PG rated program or film whilst on camp.

Name of Parent/ Guardian (please print): _____

Signature of Parent/ Guardian: _____ Date: _____

PAYMENT FORM

2024 Year 5 and Year 6 Camp
JINDABYNE SPORT AND RECREATION CENTRE, JINDABYNE NSW

Cost of this excursion: \$360.00

Student Name: _____ in class _____ 2024

Suggested Payment Schedule

Final payment is due by 10 April, 2024 (Wk11 Tm1)

Payment	Amount	Date
Deposit	\$60	Wednesday 14 February 2024
2 nd Payment	\$100	Wednesday 28 February 2024
3 rd Payment	\$100	Wednesday 20 March 2024
Final Payment	\$100	Wednesday 10 April 2024

Tick Payment Type for the amount of \$360.00

☐ 1. Cash

☐ 2. **QUICKWEB (preferred payment method)** by going to **Farrer Primary School's Website** click on the **PAYMENT TAB**, you will be redirected straight to our Westpac Bank account, (this is a secure page). Enter the information when requested. **FEE Code: JINDABYNE**

☐ 3. EFTPOS at the Front Office

☐ 4. Alternate Payment plan
Spoken with Jenny and completed a signed agreement on _____

Front office use only

CASH / QUICKWEB / EFTPOS

Date payment was completed: _____

Staff member: _____