



Curtin Primary School

ABN 38 766 579 050
70 Theodore Street Curtin ACT 2605
Principal: Merryn O'Dea
Phone: 02 6142 2570
curtinps@ed.act.edu.au
www.curtinps.act.edu.au



Year 5 Sydney Camp (22 May – 24 May 2019)

Details of the excursion are as follows:

Date:	Wednesday 22 May – Friday 24 May
	Wednesday 22 May: Arrive at school by 7.00am. Bus departs at 7.30am Friday 24 May: Return time will be approximately 6.30 pm (please do not park in the pick up/set down zone as the bus will need access)
Destination:	Sydney
Cost:	\$400 (this is the confirmed final total)
Travel:	Murrays coach
Clothing:	Students DO NOT need to wear school uniform. See attached packing list
Food arrangements:	Students will need to bring own morning tea and lunch on Wednesday. All other meals will be provided. Students will also have the option to purchase a light snack from McDonalds with their own money on the return trip.
Accompanying Teachers:	Kirsty McCrabb, Kate North, Louise Smith and Merryn O'Dea

PERMISSION NOTE AND FINAL PAYMENT NEED TO BE RETURNED BY: Monday 6 May 2019.

The co-coordinating teacher is Kate North. All teachers will be carrying a mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. The staff will also carry a First Aid Kit. In the case of an emergency, staff can be contacted by email: kate.north@ed.act.edu.au.

Payment Options:

As 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 activity. Individual records of contributions are confidential. A reminder that the deadline for the final payment is approaching. Instalment plan:

Prior to Monday 24 th of September 2018	\$50 non-refundable notice
Prior to Monday 12 th of November 2018	\$100
Prior to Monday 18 th of March 2019 - Overdue	\$125
Prior to Monday 6 th of May 2019	\$125

PAYMENT IS CASH CHEQUE EFTPOS at Front Office

INTERNET TRANSFER QuickWeb Code 8165-000-00

BSB: 032 777 A/C NUMBER: 001199 (Reference: Student's surname and initial)

Year 5 Sydney Camp Packing List

Most Important:

- **EVERYTHING YOU BRING MUST HAVE YOUR NAME ON IT.**
- **ALL medication must be given to the designated first aid staff member before departure (an authorisation to administer medication form must also be signed and accompany any medication)**
- **There is a size restriction on luggage. Large suitcases are not permitted, small duffle/sports bags are preferred. Each child must carry their own bag.**

In a small backpack:

- **Recess and lunch for Wednesday**
- Any medication that must be carried on person (e.g Epipen or Ventolin) Medication needs to be in a resealable plastic bag with directions for administering
- Water bottle (that will not leak)
- Sunscreen
- SunSmart hat
- A small amount of spending money **OPTIONAL** – (approx. \$20 -\$30: students may have the opportunity to purchase souvenirs from Taronga Zoo, Powerhouse Museum and/or a light snack on the return trip home)

In a small-medium sized luggage bag:

- Pillowcase, pillow and sleeping bag
- Bath towel
- Toiletries – hairbrush/comb, toothbrush, toothpaste, body wash, roll on deodorant (no spray cans allowed), face washer, shampoo etc, hair bands (if required).
- Pyjamas or tracksuit or suitable clothes to wear to bed (cannot be same clothes that will be worn during day activities)
- 3 sets of clothes, one for each of the days away: eg t-shirt, shirt, pants, mid-weight jumper
- A waterproof and/or windproof jacket
- Warm jumper and pants for dinner and walk on Thursday evening
- Enough warm socks and underwear for the 3 days
- A beanie for night time activities if preferred
- A pair of comfortable covered walking shoes/sneakers
- Thongs for showering in
- 2 plastic bags (one for wet towel and one for dirty clothes)

DO NOT BRING: MP3's, iPod's etc, Computer Games, Lollies, Jewellery, Aerosol Spray, Mobile Phones.



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PEERMISSION SLIP (to be returned to school) Year 5 Camp to Sydney

Behaviour management

Inappropriate behaviour will be treated as it is normally treated at school, (thinking table at a designated place or exclusion from an activity). 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. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the teachers to take whatever action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually whilst on the 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 costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Ambulance transport is provided at no cost for the students in the ACT when it is needed while the student is involved in a school activity.
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.
- I understand it will be not possible to refund any money if my child withdraws from an excursion.

Please tick to confirm the following:

I hereby give permission for my child _____ of class _____
to attend the year 5 camp to Sydney on the Wednesday 22 May – Friday 24 May 2019.

I give permission for my child to travel by bus on Wednesday 22 May, departing school at 7.30am
and returning Friday 24 May at approximately 6.30pm.

I give permission for my child to travel with a teacher in a private car if required (in case of injury, illness or
if staff deem the need to return him/her to Canberra).

Name of Parent/Guardian: _____

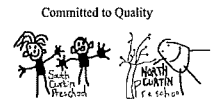
Signature of Parent/Guardian: _____ Date: _____

Contact phone numbers: _____



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Food Allergies

If your child has any food allergies or dietary requirements, please complete the section below and return it as soon as possible as all meals will be pre-ordered.

Please tick and add any relevant information. PLEASE NOTE: dislikes or preferences are not considered dietary requirements.

My child does not have any dietary requirements.

My child does have dietary requirements.

Itinerary Overview

Wednesday 22 May	Depart at 7.30am Botanical Gardens Australian Museum Taronga Zoo
Thursday 23 May	Taronga Zoo Ferry to Cockatoo Island Ferry to The Rocks YHA accommodation Dinner and walk to Opera House
Friday 24 May	Walk to Barangaroo Powerhouse Museum Return approximately 6.30pm

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"/>
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	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Sight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*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/career must give written permission and direction for the administration of any medication at school or 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) please complete the <i>Medication Authorisation and Administration Record</i> and 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>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</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	
<p>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:</p> <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). <p>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.</p> <p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p> <p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, 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.</p>	
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*.

Office Use Only			
Student Central ID	Entered into MAZE	<input type="checkbox"/>	Date