

Excursion/Activity Information

Dear Parents/Carers

The information below is regarding an excursion/activity.

Name of Excursion/Activity	5/6 Camp at Birrigai
Purpose	Birrigai staff lead a three-day outdoor education camp located at Tidbinbilla. Students will be provided with challenging and engaging outdoor and environmental programs. The programs aim to expand their knowledge and understanding of their interactions with the Australian environment. Activities are also designed to promote the development of teamwork and leadership qualities.
Classes/Year Groups Participating	Years 5 and 6
Date	Wednesday the 9 th of November to Friday the 11 th of November 2022
Location	Tidbinbilla
Time of Departure from School	Students need to arrive at school by 8:30am so we can depart by 8.45am on Wednesday 9 th
Time of Arrival back at School	3pm Friday 11 th November
Transport	Bus
Activities	Outdoor education/adventure activities
Financial Contribution	\$320.00
Due Date	28 th of October 2022
Teacher in Charge	David Ferguson
Supervising staff	David Ferguson, Bec Lenehan, Kylie Sheehan, Gerard Clementine, Dave McGibbon and Dave Meyer
Additional Information	Payment can be made either in full or by instalment. All payment due by 28 th October unless other arrangements have been made with the front office

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 Principal. Please contact the front office if you would like to speak with the Principal.

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.

Merryn O'Dea

Principal

Permission and Payment Note

Name of Excursion/Activity: **5/6 Camp at Birrigai**

Cost: **\$320**

I give permission for my child _____ in class _____ to attend the Lyneham Primary School excursion to **Birrigai on 9th to the 11th of November 2022** travelling by **bus** and other details as outlined in the Excursion/Activity Information.

Name of Parent/Carer: _____

Signature of Parent/Carer: _____ Date: _____

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 have provided to the school all medical information relevant to my child attending this excursion.

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.

The Medical Information and consent form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form?

Yes No If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes No If yes, please complete a Medication Authorisation and Administration Record (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes No If yes, please provide these details _____

Please tick payment method if paying in full, otherwise use slips on next page to pay by instalments.

Quickweb Payment made on _____ (date) - Please use **CAMP** as your reference.

Cash

Direct Deposit made on _____ (date) to: Lyneham Primary School
BSB: 032 777 Account number: 001543
Please use **CAMP** and name of your child as your reference.

Credit Card – Payment can be made in person at the front office or complete the slip below

5/6 Camp 9th-11th of November 2022

Student Name: _____ Class: _____

Name of Cardholder: _____ Card Type: Visa Mastercard

Card Number _____ Expiry: _____ Amount: \$ _____

Cardholder Signature: _____ Date: _____

Instalment 1 5/6 Camp November 2022 Due 22nd September 2022 \$100

Quickweb Payment made on _____ (date) - Please use **CAMP** as your reference.

Cash

Direct Deposit made on _____ (date) to: Lyneham Primary School
BSB: 032 777 Account number: 001543

Please use **CAMP** and name of your child as your reference.

Credit Card – Payment can be made in person at the front office or complete the slip below

Student Name: _____ Class: _____
Name of Cardholder: _____ Card Type: Visa Mastercard
Card Number _____ Expiry: _____ Amount: \$ _____
Cardholder Signature: _____ Date: _____

Instalment 2 5/6 Camp November 2022 Due 14th October 2022 \$110

Quickweb Payment made on _____ (date) - Please use **CAMP** as your reference.

Cash

Direct Deposit made on _____ (date) to: Lyneham Primary School
BSB: 032 777 Account number: 001543

Please use **CAMP** and name of your child as your reference.

Credit Card – Payment can be made in person at the front office or complete the slip below

Student Name: _____ Class: _____
Name of Cardholder: _____ Card Type: Visa Mastercard
Card Number _____ Expiry: _____ Amount: \$ _____
Cardholder Signature: _____ Date: _____

Instalment 3 5/6 Camp November 2022 Due 28th October 2022 \$110

Quickweb Payment made on _____ (date) - Please use **CAMP** as your reference.

Cash

Direct Deposit made on _____ (date) to: Lyneham Primary School
BSB: 032 777 Account number: 001543

Please use **CAMP** and name of your child as your reference.

Credit Card – Payment can be made in person at the front office or complete the slip below

Student Name: _____ Class: _____
Name of Cardholder: _____ Card Type: Visa Mastercard
Card Number _____ Expiry: _____ Amount: \$ _____
Cardholder Signature: _____ Date: _____

Birrigai Recommended Packing List

BASED ON 3 DAY STAY

- 3 sets of underwear
- 3 pairs of socks
- 3 shirts with sleeves (2 short sleeved, 1 long sleeved) no singlet tops
- 1 woollen or polar fleece jumper (2 in winter)
- 2 pairs of shorts (summer)
- 2 pairs of trousers/track pants
- 2 pairs of in-closed shoes (runners or boots)
- Pyjamas
- Towel
- Drink Bottle
- Toiletries
- Broad brimmed hat
- Sunscreen
- Sleeping bag or a quilt bedsheet sheets (Birrigai does not provide blankets)
- Pillow

DO NOT BRING

- Any food including lollies, soft drink or nuts or products containing nuts
- Expensive cameras
- Torches
- Phones or other electronic devices

Allergens / Food Restrictions

IMPORTANT INFORMATION

PLEASE COMPLETE THE FOLLOWING ONLY IF YOUR CHILD HAS AN ALLERGY OR FOOD RESTRICTION

Parts A, B and C of this form are to be completed by the primary caregiver of attending students, or by visiting adults in respect of themselves, who have specific dietary requirements due to:

- Food related medical conditions
- Identified food allergies
- Food restrictions

For school students, the need for this form to be completed and returned will have been noted in the information provided on the *Medical Information and Consent* form issued by the school. **This form is to be returned directly to the student's school along with other documentation requested by the school.**

A copy of this form will be given to the Birrigai Catering Team who will use the information provided to ensure all specific dietary needs are met.

NOTE: BIRRIGAI IS A NUT FREE ENVIRONMENT

NAME OF STUDENT / INDIVIDUAL	<input type="text"/>
SCHOOL / GROUP	<input type="text" value="Lyneham Primary School"/>
DATES ATTENDING BIRRIGAI	<input type="text" value="9<sup>th</sup>-11<sup>th</sup> of November"/>
Name of person completing form	<input type="text"/>
Signature	<input type="text"/>
Date completed	<input type="text"/>

PART A – FOOD RELATED MEDICAL CONDITIONS

PLEASE PLACE AN [X] WHERE RELEVANT TO INDICATE IF THERE IS AN EXISTING MEDICAL CONDITION.

Medical Condition		Additional Details
Anaphylaxis	Yes <input type="checkbox"/>	
Coeliac	Yes <input type="checkbox"/>	
Diabetic	Yes <input type="checkbox"/>	
Any other food related medical conditions	Yes <input type="checkbox"/>	Please list below
		1.
		2.
		3.

PART B – FOOD ALLERGIES AND ANAPHYLAXIS

Food Item	Allergy	Anaphylaxis	Allergen Details / Other Comments	
Nut Allergy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gluten	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dairy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please select milk alternative if appropriate Note: nut-based milk is <u>NOT</u> permitted	<input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> No alternative
Eggs	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sesame	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Soybean	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Seafood	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any other known foods which may cause an allergic or anaphylactic reaction to the person listed on this form	Yes <input type="checkbox"/> Please list below		Anaphylaxis	
	1.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3.		Yes <input type="checkbox"/> No <input type="checkbox"/>	

PART C – OTHER FOOD RESTRICTIONS

PLEASE PLACE AN [X] WHERE RELEVANT

FOOD ITEM	CAN THIS FOOD BE EATEN	Other Comments
Beef	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chicken	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pork	Yes <input type="checkbox"/> No <input type="checkbox"/>	

DO EITHER OF THE FOLLOWING OPTIONS APPLY?

Vegetarian	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vegan	Yes <input type="checkbox"/> No <input type="checkbox"/>	

