

Excursion Information for Parents

Dear Parents and Carers,

The following details relate to an educational excursion to Camp Birrigai in Tidbinbilla which is being organised for the Year 5 Cohort

Dates/time: 9th – 10th August 2023 Drop off at 8:30am on the 9th, pick up 5pm on 10th

Purpose of excursion: Birrigai staff lead a two - 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.

Activities: Outdoor education/adventure activities

Clothing and Equipment: See attached packing list.

Accommodation details: Cabins

Transport: Bus

Group Size: Year 5 Cohort

Trip Leader: David Ferguson

Assistant Leaders: David Ferguson, Cara Minary, Kylie Sheehan, Dave McGibbon

Cost: \$210 – If you would like to arrange a payment plan, please see 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.

Notes and money to Lyneham Primary front office by: Friday 21st July (Friday Week 1, Term 3)

Excursion Risk Assessment: Available at the front office

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.

In the case of travel by private car, include where appropriate:

It is the responsibility of the driver to ensure that he/she carries the required driver's licence, that the vehicle is registered and insured, is roadworthy, and the number of passengers does not exceed the seat belt provision of the vehicle.

Kind Regards,
Merryn O'Dea

Excursion Permission Note for Parents

I give permission for my child _____ in year _____ to attend the Lyneham Primary School excursion to (Camp Birrigai in Tidbinbilla) on (9th – 10th August 2023) travelling by Bus.

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 provide the following information:

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

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____

PAYMENT SLIP – Year 5 Camp \$210

I am paying the amount of \$ _____ Student Name: _____

☐ Credit Card – by telephone to the school office _____, via the payment tab on our school website or by completing your details below and returning to the school office

Card No: _____ Expiry Date: _____

Name on card (*Please print*): _____ Signature: _____

☐ Cash at the school office

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.

Birrigai Recommended Packing List

- ☐ 3 sets of underwear
- ☐ 3 pairs of socks
- ☐ 3 shirts with sleeves, no singlet tops
- ☐ 2 woollen or polar fleece jumpers
- ☐ 3 pairs of trousers/track pants
- ☐ 2 pairs of closed in shoes (runners or boots) No thongs, Crocs or sandals
- ☐ Pyjamas
- ☐ Towel
- ☐ Drink Bottle
- ☐ Toiletries
- ☐ Broad brimmed hat
- ☐ Sunscreen
- ☐ Waterproof/ Water resistant rain coat or plastic poncho
- ☐ Sleeping bag or a quilt and fitted sheet (Birrigai does not provide blankets)
- ☐ Pillow

DO NOT BRING

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

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

SCHOOL / GROUP

Lyneham Primary School

DATES ATTENDING BIRRIGAI

9th-10th of August

Name of person completing form

Signature

Date completed

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"/>	