

Excursion Information for Parents

Dear Parents and Carers,

The following details relate to an educational excursion to **Camp Kianinny Bush Cottages in Tathra, NSW** which is being organised for Year 6 students.

Dates/time: 6th – 8th November 2023

Drop off at front of School at 7:45am on the 6th, pick up 4:30pm on 8th

Purpose of excursion: Kianinny staff lead a three day camp program located at Kianinny Bush Cottages, Tathra. Students will be provided with challenging and engaging outdoor activities. The program aims to build confidence and create opportunities for self-empowerment and growth and promote the development of teamwork and leadership qualities in a fun and exciting learning environment.

Activities: Archery, Flying Fox, Low Ropes, Bush Skills, Rogaine Course, Amazing Race and a Trivia Night.

Clothing and Equipment: See attached packing list.

Accommodation details: Cabins - Kianinny Bush Cabins, 246 Tathra Road, Tathra NSW 2550, (02) 6494 1990

Transport: Bus

Group Size: Year 6 (Max 75, Min 40)

Trip Leader: Emma Harriden

Assistant Leaders: David Ferguson, Elise Sutherland, Emma Streeter

Cost: \$420– If you would like to arrange a payment plan, please see the front office and the attached payment slip for details.

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 13th October (Friday Week 1, Term 4)

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.

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 Kianinny Bush Cottages** on **(Monday 6th – Wednesday 8th November 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.

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 6 Camp \$420

I am paying the amount of \$ _____

Student Name: _____

☐ I will be paying by 4 instalments – ☐ Cash ☐ Credit card

(if using credit card for instalments please complete details BELOW)

- First instalment of **\$110.00** is due on 01/09/2023
- Second instalment of **\$110.00** is due 15/09/2023
- Third instalment of **\$100.00** is due 29/09/2023
- Fourth instalment of **\$100.00** is due 13/10/2023

☐ 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.

Allergens / Dietary Requirements

IMPORTANT INFORMATION: PLEASE COMPLETE THE FOLLOWING FORM PART A & B

Parts A and B 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

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

NAME OF STUDENT / INDIVIDUAL

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"/> No <input type="checkbox"/>	
Coeliac	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetic	Yes <input type="checkbox"/> No <input type="checkbox"/>	

PART B- DIETARY REQUIREMENTS **DO ANY OF THE FOLLOWING OPTIONS APPLY?**

	PLEASE PLACE AN [X]	Other Comments
Vegetarian	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vegan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Halal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	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"/>	

Allergens/Dietary Requirements

PART B – FOOD ALLERGIES / ANAPHYLAXIS / DIETARY REQUIREMENTS

Food Item	Allergy	Anaphylaxis	Allergen Details / Other Comments	
Nut Allergy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gluten	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Wheat	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dairy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please select milk alternative if appropriate Note: nut-based milk is NOT permitted	<input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> No alternative
Eggs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sesame	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Soybean	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Seafood	Yes <input type="checkbox"/> No <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"/> No <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"/>	

Packing List

BASED ON 3 DAY STAY AT KIANINNY BUSH COTTAGES

- ☐ **Please pack Morning Tea and Lunch for the first day.**
- ☐ 4 sets of underwear
- ☐ 4 pairs of socks
- ☐ 4 shirts with sleeves (2 short sleeved, 2 long sleeved) no singlet tops
- ☐ 3 shorts
- ☐ 2 woollen or polar fleece jumper
- ☐ 2 pairs of trousers/track pants
- ☐ 1 pair of suitable footwear for water-based activities (aqua shoes or thongs)
- ☐ 1 pairs of suitable walking shoes (runners or boots)
- ☐ Pyjamas
- ☐ Swimmers
- ☐ 2 x Towels (1 beach, 1 bath)
- ☐ Plastic bag for wet items
- ☐ Drink Bottle
- ☐ Toiletries
- ☐ Broad brimmed hat
- ☐ Sunscreen
- ☐ Insect repellent
- ☐ Sleeping bag or a quilt and fitted sheet for your mattress.
- ☐ Pillow

DO NOT BRING

Any food including lollies, soft drink or any products containing nuts

Phones or other electronic devices

Year 6 Camp Kianinny 6th-8th November 2023

I _____ agree to keep to the following
expected behaviours whilst on camp. (Print student name)

- I will listen carefully to instructions and do what is being asked.
- I will always stay with my allocated group and be in the right place at the right time.
- I will treat others and the environment with respect.
- I will 'have a go' at all activities, even if I find them challenging.
- I will respect others' right to sleep.

I understand that if I choose to behave inappropriately, my parents may be contacted and asked to transport me back to Canberra.

Student Signature: _____

Parent's Signature: _____