



Education and Training

Chapman Primary School

Perry Drive Chapman ACT 2611
Telephone: 6205 7300 Fax: 6205 7307
e-mail: school.information@chapmanps.act.edu.au
ABN: 48 529 566 431



"Achieving Excellence Together"

5 April 2017

YEAR 4 CAMP WARRAMBUI Thursday 25 and Friday 26 May 2017

Date:	Thursday 25 May to Friday 26 May 2017
Drop off time:	8:40am Thursday 25 May
Departure Time:	9:10 am Thursday 25 May
Return Time:	3.00 pm Friday 26 May
Location	Warrambui Retreat and Conference Centre Murrumbateman
Teachers Attending:	Paul Campbell, Kat Tirzins, Fiona Duncan, Trish Foster and Rob Day
Excursion Coordinator:	Trish Foster
Total Cost:	\$133

Dear Parents/Carers,

A two-day camp at Warrambui has been planned for all Year 4 children for Term 2. Warrambui is located near the Yass River, 8km from Murrumbateman. It is situated on 300 acres of rolling hills, natural bush land and pine forest, 50km from Canberra.

The camp forms an important part of the students' class program for Term 2. The focus for camp will be outdoor activities including archery, frisbee golf, treasure hunt and orienteering. In the evening, the children will be participating in a Trivia Night. The students will also participate in a program called 'Wrapped in Wool'. An experienced shearer and one of the Warrambui teachers will provide fascinating information and sheep shearing displays in the 1920s Shearing Shed. Children will learn about the Warrambui sheep and experience the difference between the Australian Merino and other breeds. They have the opportunity to be part of a hands on session where they learn about producing wool on an Australian farm.

All children will have the opportunity to participate in all activities on a rotation basis. Warrambui staff members have the necessary qualifications and skills to lead each activity. A class teacher will also supervise activities and children will be provided with the appropriate equipment.

Warrambui will supply all food. Parents are asked to supervise packing so that food items do not mysteriously appear at camp. The following list outlines what children will need to pack for camp. It is most important that children pack their own bags as this makes it easier when it is time to pack up. Parents may like to supervise a few practice runs at home.

Please ensure you child **arrives at school at 8:40am** sharp so we can pack the bus and leave school at **9:10am**.

In addition to wearing sensible and comfortable camping clothes to school on Thursday, children should bring the following:

Bring

2 sets of underwear
2 t-shirts and 3 pairs of socks
A warm jumper
Pyjamas, spare pair of pants
Coat/Rain jacket (in case it turns cold)
Sunscreen and **broad brimmed sun hat**
Water bottle (labelled)
Spare pair of shoes (thongs are not suitable)
Toiletries and towel
Large plastic bag for dirty clothes
Pen / pencil / notebook
Pillow case and 2 sheets **OR** pillow case and sleeping bag (Warrambui provides pillows & doonas if children wish to use them.)

Do NOT bring

Chewing gum or any other food
Money (there is no shop)
iPods or **Mobile phones**
Jewellery or any other valuables
Food
Electronic games or swap cards
Hair Dryer

Emergency Contact only Warrambui Retreat Centre 6220 1000

Medication and medical forms:

Any student requiring medication should bring enough for the duration of their stay. All medication must be in its original packaging, and clearly marked with the student's name and should be accompanied by the written instructions on the advised dosage and the dosage interval. This information should also be noted on the Medical and Consent form. Students who require inhalers should carry them at all times while at camp. Medication **must be handed to Paul Campbell (the first aid officer) the morning of departure.**

One of the requirements of the ACT Department of Education is that all parents are required to complete a camp Medical and Consent form in addition to the camp permission note.

If your child suffers from asthma or any other medical condition you must ensure that a complete medical procedure plan is provided in addition to the general medical form. If your child uses Ventolin, you must provide an asthma plan (see Excursion Medical Information and Consent Form below). Please contact Trish Foster if you have any further questions or concerns.

Camp Cost:

The total cost for camp will be **\$133**. This includes all meals and accommodation, transport both to and from Warrambui as well as other activities and associated costs with the program. In order to meet the requirements of Camp Warrambui all payments will need to be finalised in full by **Friday 19 May 2017**.

Please note: It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp/excursion. These activities/excursions are optional but enrich the school life of the child. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If, however, there is insufficient total funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed.

*If any parents have financial concerns then please discuss these with the **Anne Simpson or Trish Foster***

Accommodation:

Students will be staying in **en-suite style accommodation** at the Warrambui Conference Centre. This camp meets the guidelines outlined in the Outdoor Adventure Activities Policy and Mandatory Procedures of the ACT Department of Education.

To assist teachers in making final arrangements please complete the attached forms:

- Camp permission note
- Excursion Medical Information and Consent Form
- Payment details - **full payment by Friday 19 May 2017**

PERMISSION NOTE

YEAR 4 CAMP WARRAMBUI Term 2 2017

Permission to attend camp

I give permission for my child Classto attend the Year 4 Camp Warrambui on Thursday 25 May and Friday 26 May 2017.

OR

Child not attending camp

My child Class**will not** be attending the Year 4 Camp Warrambui on the 25 and 26 May 2017. I understand that camp is part of the Year 4 educational program and that normal Year 4 classes will not be run at the school during these 2 days.

I understand that transport will be by bus and enclose **\$133**.

I have provided the school with a medical Emergency Treatment Plan for my child (note: this does not apply to all children)

Foods my child is allergic to: (Not to be confused with foods they don't like):

Staff accompanying students on the camp 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 that may occur on an excursion where, in all circumstances, staff has not been negligent.

My child understands that if she/he makes inappropriate choices of behaviour, he/she may have to be returned to school.

I authorise the teacher in charge to secure ambulance and/or medical attention and I agree to meet the costs associated with any emergency arrangements.

Signed:
Parent/Guardian

Dated:

CHAPMAN PRIMARY SCHOOL

Please complete ALL sections of this form and return to the school.
The bottom section will be returned to acknowledge payment for the following, with receipt:

YEAR 4 CAMP WARRAMBUI 2017

PAYMENT BY: CASH () CHEQUE () CREDIT CARD () Online code: WARR

PLEASE MAKE CHEQUES PAYABLE TO: **CHAPMAN PRIMARY SCHOOL**

Your child's name:

Your child's class: **4PC / 4FD / 4KT** (please circle)

For Credit Card Use Only

Please debit my Credit Card Account No:

Expiry Date: ___/___

Bankcard Visa MasterCard

With the amount of \$ _____: _____ payable to Chapman Primary School

Printed Name: _____

Signature: _____

Excursion Medical Information and Consent Form

Dear Parents

I am attaching an Excursions Medical Information and Consent Form and request that you complete and return it to the school as soon as possible.

The information you are requested to give on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on this form is accurate and current, you are requested to advise the school immediately of any changes that should also be reflected on the General Medical Information and Consent form kept at the school and arrange to update the form.

Management of Medical Conditions

The department is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, departmental policies require principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy

You are asked to indicate on the attached Excursion Medical Information and Consent form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

Emergency Treatment of an Asthma Attack

Please read this section carefully and seek clarification from your family doctor if necessary.

These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately.

Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems.

This treatment could be lifesaving and ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side effects.

Medical Services for Students attending ACT Government Schools

ACT Health advises that the following arrangements apply to students in ACT Government schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT.

Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Free ambulance cover does not apply to students in the Jervis Bay area of the ACT.

Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment

1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly would be appreciated.

Yours faithfully

A handwritten signature in cursive script that reads "Anne Simpson".

Principal

Date: 5/4/2017



Excursion Medical Information and Consent Form

- Warrambui 25 and 26 May, 2017 -



Education and Training

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category B, C & D excursion, overseas excursion, sports and all outdoor adventure activities.
A copy of each student's form must be taken on the excursion.
 The department 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 your child's school and will be made available to staff of the school 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 *Privacy Act 1998(Cwth)*. Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __ / __ / ____ Sex: M F

School: _____ School Year: _____ Camp/Excursion: _____

Parent/Carer: _____

Address: _____

Contact Telephone Nos - Business Hours: _____

After Hours: _____ Mobile: _____

Other Contact for Emergency: _____ Telephone No: _____

Name of Student's Doctor: _____ Telephone No: _____

Medicare No: _____ Private Health Fund: _____ Membership Number _____

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Other _____ | | | |

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: __ / __ / ____

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion _____

Is the student presently taking any medication?

Yes No

If **Yes**, please state name of medication, dosage, etc: _____

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief.

Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

Is there any other information which you believe may help us to provide the best possible care? _____

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Date: __/__/____
(Parent/Carer)

Signed: Date: __/__/____
(Parent/Carer)

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion.

Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.