



ACT
Government

Education and Training

Chapman Primary School

Perry Drive Chapman ACT 2611

Telephone: 6142 2400

e-mail: school.information@chapmanps.act.edu.au

ABN: 48 529 566 431



"Achieving Excellence Together"

June 2018

YEAR 3 CAMP - BIRRIGAI Term 3 2018

Date:	Thursday 23rd August to Friday 24th of August (Week 5, Term 3)
Drop off time:	8:10 am Thursday 23rd August
Departure Time:	8.30 am Friday 24th August
Return Time:	2.45 pm Friday 24th August
Location:	Birrigai – Outdoor Camp at Tidbinbilla
Teachers Attending:	Sheridan Brill, Fiona Duncan, Rob Day, Melina Clarke, Rachel Holdway, and Annette Carroll (Practising Student)
Excursion Coordinator:	Trish Foster
Total Cost:	\$152.00

Dear Parents/Carers,

The children in Year 3 will be attending their first overnight camp in Week 5 of Term 3. The focus for the camp will be outdoor adventure activities including low ropes, the flying fox, a vertical playpen and team initiatives. On the second day students will visit the Rock Shelter and be involved in making damper around a camp fire. For the duration of the camp, children will be under the care of their Year 3 teachers and Birrigai Staff. You can access more information about Birrigai on their website (www.birrigai.act.edu.au).

All meals and snacks will be provided. **Children will not be required to bring any food or water bottles.** Parents are asked to supervise packing so these 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 to pack up by themselves at the end of camp. Parents may like to supervise a few practice runs at home.

What to bring:

3 sets of underwear
3 pairs of socks
2 woollen or polar fleece jumpers
1 pair of shorts
2 pairs of trouser/track pants
2 pairs closed in shoes (runners or boots)
Pyjamas
Towel and toiletries
2 t-shirts
1 broad brimmed hat (baseball caps not permitted) and a beanie
Sunscreen
Sleeping bag **or** 2 sheets
Pillow case
Pillow
Disposable camera (if desired)

What not to bring:

Electronic games, swap cards etc
MP3/Ipod/iPad
Torches
Jewellery or any other valuables
Money
Any food – including lollies, chewing gum and snacks
Mobile phones
Expensive cameras

Birrigai will provide blankets, water bottle and Japara style rain coats.

Medication

Please ensure that your child's medication is in its original container, e.g. with name of medication, recommended dosage etc clearly visible. The medication should be in a sealed zip lock bag clearly labelled with your child's name. Inside the bag there must be written instructions provided by the parent/carer detailing the dosage amount and times that the medication is to be administered during the camp. This medication bag (medication/written instructions) needs to be handed to Mark Shiels, our first aid officer at 8:40am on the morning of departure.

You are also required to complete the attached **Excursion Medical form** in addition to the **Camp Permission form**. If your child suffers from asthma or any other medical condition could you please ensure that the appropriate, completed medical emergency plan is provided to the class teacher in addition to the general medical form. Please contact us if you have any further questions or concerns.

Accommodation

Birrigai accommodation is provided in comfortable cabins. The camp meets the guidelines outlined in the Outdoor Adventure Activities Policy and Mandatory Procedures of the ACT Department of Education.

Travel arrangements

Children will be departing from **Chapman Primary** by bus at **8.30am** and will need to arrive at school **no later than 8:10am on Thursday 23rd August**. They will return to school by **2.45pm on Friday 24th August**.

Camp cost: The total cost is \$152 and is due by Friday 17th of August (Week 4, Term 3).

Please note: The school has made every effort to keep costs for this activity at a reasonable level. The school requests parents and carers to make a **voluntary** financial contribution towards meeting the cost of your child's participation in this program/camp/excursion.

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 program/camp/excursion, regrettably we may not be able to proceed. Please contact the front office if you would like financial assistance for your child/children.

The Excursion and Travel Policy 2013 states that the contributions to excursions are voluntary in nature and that students will not be excluded from activities due to non-payment of voluntary contributions. Individual records of contributions are confidential.

If any parents have financial concerns then please discuss these with the Principal or the Office Manager. All requests are confidential.

Emergency Contact numbers

Anne Simpson, Principal at Chapman Primary on 61422400 or Birrigai Outdoor Education Centre on 6205 6748 (no mobile phone access).

The camp will be an invaluable experience for Year 3 children. Please contact us as soon as possible should you have any concerns regarding your child's participation.

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

- Camp Permission note
- Excursion Medical form
- Payment Details – **Friday 17th of August (Week 4, Term 3)**.

There is an option to pay in two instalments.

If you have any questions please contact your child's class teacher, Trish Foster (Executive Teacher).

Thank you,
Trish Foster
(Camp Coordinator)

PERMISSION NOTE – Year 3 Camp to Birrigai

Thursday 23rd August to Friday 24th August 2018

I give permission for my child Class..... to attend the Year 3 camp at Birrigai from Thursday 23rd August to Friday 24th August 2018 and understand that transport will be by bus.

I have enclosed **\$152** and the permission and medical notes

I have enclosed \$52 and the permission and medical notes and wish to pay the second instalment of \$100 by **Friday 17th of August (Week 4, Term 3)**.

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.

I agree that should my child's behaviour be such that the teacher in charge considers it warranted to return my child home, that this will be done at my expense as the parent/ guardian.

I agree to my child travelling by private car if the need for such travel arises. In the event of an emergency, 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.

Foods my child is unable to eat or is allergic to: (not to be confused with foods they don't like)

.....

Signed: 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 3 Camp to Birrigai

PAYMENT BY: CASH () CHEQUE () CREDIT CARD () Online Code: BIR

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

Your child's name:

Your child's class: 3RH, 3SB, 3DR, 3MC (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/Carers,

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.

IF YOU HAVE PROVIDED THE SCHOOL WITH A CURRENT FIRST AID PLAN FOR ANAPHYLAXIS, ASTHMA, DIABETES AND EPILEPSY, THEN YOU DO NOT NEED TO COMPLETE ANOTHER ONE. THE SCHOOL WILL USE THE CURRENT PLAN WHILST ON CAMP.

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(Cwth)* 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. Pro-formas 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. Please see information above.

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

Kathy Dawson

Date: 05/07/2018



Excursion Medical Information and Consent Form

Birrigai 23rd and 24th of August 2018



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.