



Chapman Primary School



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ABN: 48 529 566 431

“Achieving Excellence Together”

30 June 2022

Dear Parents/Carers,

YEAR 4 CAMP – KIANINNY BUSH COTTAGES

The following details relate to an educational camp to Kianinny Bush Cottages which is being organised for students in year 4.

Purpose	The focus for the camp will be on outdoor adventure, team building and resilience through participation in the planned activities outlined below. Further information about Kianinny Bush Cottages can be accessed on their website https://kianinny.com.au .
Day/Date	Monday 5 September to Wednesday 7 September 2022
Timetable	Departing Chapman Primary School at 9.00 am on Monday 5 September Returning to Chapman Primary School by 2.40 pm on Wednesday 7 September
Venue	Kianinny Bush Cottages 246 Tathra Road, Tathra NSW 2550
Transport	Coach with fitted seatbelts
Cost	\$340.00 <i>Costs outlined below</i>
Full payment and permission due by	By 10.00am on Friday 26 August 2022

The school has made every effort to keep cost for this excursion to a minimal 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.

Suggested Payment Plan		
Payment	Cost	Due Date
Payment 1	\$140.00	Friday 29 July 2022
Payment 2	\$100.00	Friday 12 August 2022
Final Payment	\$100.00	Friday 26 August 2022

Group size	78	Ratio	15:1
Teacher in charge:	Jodi De Ligt		
Accompanying Staff	David Kemp, Tanya Ford, Buddy Weddell, Jodi de Ligt and one educator		
Accommodation	Three blocks with bunk Style 4-6 bed rooms with ensuite, lounge and kitchenette		

Meals	<p>All meals from dinner on 5 September to lunch on 7 September will be provided by Kianinny Bush Cottage caterers. All special dietary requirements including allergy aware, vegetarian and standard menus are available. Please complete dietary requirements portion of the attached permission form.</p> <p>Please provide your child with a suitable healthy lunch and recess for the first day of camp (5 September). Please ensure this is in disposable packaging.</p>
Activities	<p>Amazing Race - A large group activity, sees teams compete against one another across many activity stations! Teams will complete a series of challenges with each one gathering as many points as possible in the time frame! Many skills will come into play as your team competes for the win!!</p> <p>Flying Fox - A favourite for all year levels, fly down our 110 metre Zip Line in a full body harness as safe and fun as it gets as you glide over the lagoon amongst the trees.</p> <p>Low Ropes - Team work, problem solving, and support for your fellow students will all come into play as you work through the different elements our low ropes course presents. You'll learn the basics of spotting & guiding your peers whilst elevated on cables, swinging on ropes & working your way through our journey course.</p> <p>Bush Skills- Come along on an adventure as we learn some survival basics! We will put together a 'survival bag' & learn about what we can do if we get lost in the bush? Learn about different shelter building techniques. We will go exploring the trails, identify some bush tucker / edibles & construct a fire for some bush cooking.</p> <p>Sensory Course - Our sensory course is designed to make students use a variety of senses other than sight. As you work together with your partner, you'll be guided around our sensory course blindfolded. Pairs will support each other as they work through small challenges, even being guided on a trust walk through the trees.</p> <p>Crate Stack – Students will work in teams to create the best and highest stack of crates. The Challenge will be to create the stack so that it doesn't come crashing down.</p> <p>Night Walk - Enjoy the beauty of the property and the subtropical rainforest at night. Let the Guide take you through the forest and see things in a totally new light! Listen to the sounds of nature, let yourself get lost in the stars above & look for sugar gliders.</p> <p>Large Group Games - A variety of high energy large group games!!! Fun & laughter had by all.</p> <p>Beach Carnival - Fun and Games on Tathra Beach led by Instructors. This activity will be a sand-based activity. Students will not be swimming.</p>
What to bring	<p>Please see attached packing list.</p> <p>Please ensure all items are clearly labelled with student's full name</p> <p>Please provide a healthy lunch and recess for the first day of camp (5 September) in disposable packaging.</p>
What to wear	Active wear (appropriate for weather conditions) and a sunsmart hat.
Excursion Risk Assessment: Available at the school front office.	
Emergency Contact for this excursion: Chapman Primary School (02) 6142 2400.	
Contingency:	Should the camp not proceed at the scheduled dates it will be postponed until a later date where possible or cancelled and full refund offered.
Behavioural Expectations:	Students are expected to demonstrate Chapman FRIENDS values and the PBL expectations of being safe, responsible and respectful.

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.

If you are happy for your child to attend, please return:

- Completed permission, General Medical Information Consent form and full payment to your child's classroom teacher no later than **10.00 am on Friday 26 August 2022.**

Kind regards

David Kemp, Tanya Ford, Buddy Weddell, Jodi de Ligt

Year 4 Teaching Team

Camp Recommended Packing List

What to bring

Clothing	Additional non-clothing items
<p style="color: red; font-weight: bold;">Please ensure all items are clearly labelled with student's full name</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4 x shirts (long/short) <input type="checkbox"/> 3 x shorts <input type="checkbox"/> 2 x long pants <input type="checkbox"/> 4 x pairs underwear <input type="checkbox"/> 4 x pairs socks <input type="checkbox"/> 1 x pajamas <input type="checkbox"/> 1x jumper <input type="checkbox"/> 1 x sunsmart hat (broad brim) <input type="checkbox"/> 1 x rain jacket (must be waterproof) <input type="checkbox"/> 2 x suitable pair of walking shoes 	<ul style="list-style-type: none"> <input type="checkbox"/> Toiletries <input type="checkbox"/> Insect repellent and sunscreen <input type="checkbox"/> 1 x towels (1 bath towel) <input type="checkbox"/> Plastic bag for dirty clothes <input type="checkbox"/> Pillow with pillowcase <input type="checkbox"/> Sleeping bag and bottom sheet <input type="checkbox"/> Torch with batteries for night activities <input type="checkbox"/> Drink Bottle <input type="checkbox"/> Packed lunch and recess for first day <input type="checkbox"/> Small backpack (suitable for offsite activities that will hold a drink bottle, change of clothes and jumper)

DO NOT BRING

- ✘ Any food, including snacks, confectionery, soft drink etc. (other than recess and lunch on first day.)
- ✘ Personal electronic devices/iPods/iPads, cameras or phones etc.
- ✘ Jewellery or other valuables

Valuables such as jewellery, iPod or other music players and personal electronic devices, money or cameras must be given to parents before embarking on the bus. Please ensure your child understands this and leaves such items at home.

Students will be reminded to leave these items with parents prior to departure.

Student Medications:

Student requiring medication should bring enough for the duration of their stay. *All personal student medication and medical plans held at the school will be transported by school staff attending camp.*

If your child will need medication available to them that is not held at school (pain, hayfever or allergy relief, daily, overnight or preventative medication) please ensure you follow the instructions below.

Medication must:

- Be in original packaging, clearly marked with student's full name, dose and times for administered.
- Medication must be accompanied by a [Medication Authorisation and Administration Record](#) also available either from the school front office. Please note, medication of any kind cannot be administered without this form being completed.
- Medications must be handed to First Aid Officer prior to departure. Please do not pack medications with student belongings.

Please do not hesitate to contact the school if you have any further questions or would like assistance regarding medication and medical requirements.

Dear Parents/Carers

MEDICAL INFORMATION/CONSENT AND KNOWN MEDICAL CONDITION RESPONSE PLAN

I am attaching a *Medical Information and Consent Form* and a *Known Medical Condition Response Plan* for you to complete and return as soon as possible. This information will assist school staff to provide appropriate first aid support for your child.

The *Medical Information and Consent Form* provides general medical information and consent for first aid and the administration of authorised medications; salbutamol (Ventolin) and adrenaline in the event of a life-threatening asthma or anaphylaxis emergency.

The *Known Medical Condition Response Plan* is required only for students with a known medical condition. It provides instruction for the management of an identified medical condition and should be completed in consultation with the treating health professional. Without this form, in an emergency situation first aid can only be given in accordance with a publicly available generalised action plan related to the condition.

If medication is required to be administered at school a *Medication Authorisation and Administration Record* must also be completed and returned to the school. An individual *Medication Authorisation and Administration Record* must be completed for each medication.

It is important that information on these forms is accurate and detailed in order to help us provide appropriate care. The *Medical Information and Consent Form* and *Known Medical Condition Response Plan* will be sent to you annually for your review. However, if there are changes to your child's health or medical circumstances, during the year, please inform the school immediately. You may also choose to keep certain medical information private. When making this choice, please consider whether this might affect the provision of appropriate first aid care for your child.

If an incident occurs at school or during a school-related activity in the ACT, students will be transported free of charge to the emergency section of an ACT public hospital. Parents/carers are reminded to check their health cover for ambulance transportation outside the ACT, as charges may apply.

Please complete and promptly return the attached forms to assist staff to provide appropriate first aid support for your child.

Yours sincerely

James Barnett
Principal
Chapman Primary School
2022

All students must return:

- Medical Information and Consent Form

Students with a known medical condition which does not require medication must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan

Students with a known medical condition not listed below who require medication must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Medication Authorisation and Administration Record

Students with Asthma must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Asthma Management Plan downloaded from [National Asthma Organisation Website](#)
- Medication Authorisation and Administration Record

Students with Anaphylaxis must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Anaphylaxis Management Plan downloaded from [Australian Society of Clinical Immunology and Allergy Website](#)
- Medication Authorisation and Administration Record

Students with Diabetes must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Diabetes Management Plan downloaded from [Diabetes Victoria Website](#) (click on “How we help” and “Schools and early childhood settings”)
- Medication Authorisation and Administration Record

Students with Epilepsy must return:

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Epilepsy Management Plan downloaded from [Epilepsy Action Australia Website](#) (Register and call 1300374537 for free access)
- Medication Authorisation and Administration Record

NOTE: if your child has an existing Known Medical Condition Response Plan and medication held at the school this will be collected and transported to camp by school first aid staff. If you wish to confirm requirements for your child, please contact the school front office on 6142 2400.

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)						
Student's Name			Date of Birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
School			School Year			
Parent/Carer Name			Address			
Telephone Contact	Mobile		Home		Business	
Emergency Contact 1				Telephone		
Emergency Contact 2				Telephone		
Name of Qualified Health Professional				Telephone		

Section B – Medical Information				
Please tick if your child suffers any of the following:				
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*	<input type="checkbox"/> Fainting	<input type="checkbox"/> Headaches	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema	<input type="checkbox"/> Fits or blackouts	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Sight/Hearing Problems
*Please complete and attach a <i>Known Medical Condition Response Plan</i>				<input type="checkbox"/> Sunscreen Sensitivity
<input type="checkbox"/> Other (please specify)				
Please identify whether your child is presently taking any medication:				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:				
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 				
Date of last tetanus injection				
Are you aware of any physical or psychological limitations of your child (please specify)?				
Is there any other information which you believe may be relevant to the general medical/health care of your child?				

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ul style="list-style-type: none"> a. the provision of first aid; b. the provision of analgesics; c. treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). 	
<p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p>	
<p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications. NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

The Directorate 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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only				
Student Central ID		Entered into SAS	<input type="checkbox"/>	Date



Chapman Primary School Camp Permission Form

YEAR 4 CAMP – KIANINNY BUSH COTTAGES

This signed consent form and payment should be returned to your child’s classroom teacher no later than 10:00am on Friday 26 August 2022.

I give permission for my child _____ in class _____ to attend the year 4 camp to Kianinny Bush Cottages from Monday 5 September to Wednesday 7 September 2022, travelling by coach with fitted seatbelts.

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.

Behavioural Expectations

- I have discussed the expected behavioural expectations with my child and understand that failure to follow these expectations may result in me being called to collect my child from Kianinny Bush Cottages.

Medical

- Medical Information and Consent form is attached. *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.*
- I have already completed and returned the Medical Information Consent Form for 2022.

Are there any changes to this form? Yes No

If yes, an updated [Medical Information and Consent form](#) is required (or available at 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](#)*

All medical plans and medications held at the school will be transported to this excursion. Please contact front office staff on 6142 2400 or at chapmanps.info@ed.act.edu.au if you have any questions about this.

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 below.)

Please provide the following information:

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

Please continue over page

Dietary Requirements

- My child does not have special dietary requirements
- My child has the following special dietary requirements due to food allergies, cultural and/or religious reasons.

Name of Parent/Carer (please print): _____

Signature: _____ **Date:** _____

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.

