



1 February 2024

Dear parents and carers,

YEAR 5 CAMP- BIRRIGAI OUTDOOR SCHOOL

The following details relate to an educational camp to Birrigai which is being organised for year 5 students.

Purpose:	<p>This camp is an integral part of the school's curriculum focussing on outdoor adventure, team building and resilience through participation in the planned activities.</p> <p>At Birrigai we believe that connecting to Country is important. Our programs are designed to entwine visitors in learning: <i>on</i> Country, <i>about</i> Country, <i>from</i> Country and ultimately <i>for</i> Country so individuals gain an understanding of their obligations to <i>care</i> for Country.</p> <p>For information about the Birrigai Outdoor School please visit https://www.education.act.gov.au/birrigai</p>
Day/Date:	Tuesday 5 to Wednesday 6 March 2024
Timetable:	<p>Departing Chapman Primary School at 9.00 am on Tuesday 5 March 2024</p> <p>Returning to Chapman Primary School by 2.40 pm on Wednesday 6 March 2024</p> <p>Drop-off and Pick up will be in the Perry Drive School Carpark</p>
Venue:	<p>Birrigai Outdoor School</p> <p>RMB 164 Tidbinbilla Road, via Tharwa, 2620</p>
Transport:	Coach with fitted seatbelts
Cost:	<p>\$175.00</p> <p><i>Costs outlined below</i></p>
Payment and Permission due by	<p>Deposit and permission: due by Friday 9 February 2024</p> <p>Balance payment: due by Tuesday 27 February 2024</p>

The school has made every effort to keep cost for this camp to a minimal level. If necessary, parents or students can confidentially discuss support to meet the cost of the camp with the Principal. Please contact the front office if you would like to speak with the Principal.

Suggested Payment Plan		
Payment	Cost	Due Date
Deposit	\$75	Friday 9 February 2024
Final Payment	\$100	Tuesday 27 February 2024

To discuss additional or alternative payment plan options please contact the Business Manager on 6142 2400

Group size	65	Ratio:	1:13
Teacher in charge:	Jodi de Ligt		
Accompanying Staff	Vanessa Ackland, Angas Quantrill, Jenaya Lotze, Jodi de Ligt and Sue Patterson		
Accommodation	Dormitory-style cabins featuring bunk style accommodation.		

Meals	<p>Birrigai operates a professional commercial kitchen to provide high quality in-house catering to visiting schools. All meals provided are designed in accordance with the <i>National Healthy School Canteen Guidelines</i> and the catering team can accommodate specific dietary needs. Meals are freshly prepared daily by our qualified chefs and are served in our Dining Hall.</p> <p>Please complete the Dietary Requirements on the attached permission form.</p> <p>No other food should be brought to camp including snacks such as confectionery, chips and lollies.</p>
Activities	<p>The students will engage in a mix of outdoor adventure and team challenges which could include a Vertical Playpen, Giant Swing, Flying Fox, Team Trek, Team Rescue and Team Initiatives.</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>
What to wear	<p>Active wear (appropriate for weather conditions) and a sun smart hat.</p>
Excursion Risk Assessment: Available from the front office	
Emergency Contact for this excursion: Chapman Primary School 02 6142 2400	
Contingency:	<p>Should the camp not proceed on the scheduled dates it will be postponed until a later date where possible, or cancelled and full refund offered.</p>
Behavioural Expectations:	<p>Students are expected to demonstrate Chapman FRIENDS values and the PBL expectations of being safe, responsible and respectful.</p>

Staff accompanying students on camps 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 a camp 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 form and deposit payment to your child's classroom teacher no later than:
10.00am on Friday 9 February 2024
- **Final payment to be made by Tuesday 27 February 2024**

Yours faithfully

James M. Barnett
Principal

Camp Recommended Packing List	
What to bring	
Clothing	Additional non-clothing items
<p>Please ensure all items are clearly labelled with student's full name.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3 sets underwear <input type="checkbox"/> 3 pairs socks <input type="checkbox"/> 2 long or short sleeved t-shirts <input type="checkbox"/> 2 warm woollen or polar fleece jumpers <input type="checkbox"/> 2 pairs track pants <input type="checkbox"/> Waterproof jacket <input type="checkbox"/> Pyjamas (seasonally appropriate) <input type="checkbox"/> Sunsmart Hat (Broad Brimmed) <p>Practical clothing for camp is multi layers which can be added or removed to meet weather conditions.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Toiletries (including hand sanitizer and sunscreen) <input type="checkbox"/> 1 towel <input type="checkbox"/> Warm sleeping bag or quilt and bedsheet (Birrigai does not provide blankets) <input type="checkbox"/> Pillow <input type="checkbox"/> Drink bottle (Birrigai does not provide water bottles) <div style="text-align: center;">  <p>Please label all items with your child's full name.</p> </div>
DO NOT BRING	
<ul style="list-style-type: none"> ✗ Any food, including snacks, confectionery, lollies or soft drink etc unless medically indicated. ✗ iPods, phones or other electronic devices ✗ Expensive Cameras, money or other valuables. <p>Students will be reminded to leave these items with parents prior to departure.</p>	

Requirements for Student Medication at camp:

If your child has a medical plan and / or medication held at the school on a permanent or long-term basis, it will be transported to camp.

Preparing and providing other medication* for your child while at camp.

*Other medication includes daily prescribed or over the counter medications which you would normally administer to your child outside of school hours, or "in-case" medications such as pain relief, hayfever or allergy relief, eczema or skin creams etc. Medications MUST NOT be packed in your child's luggage.

To assist us in being prepared to depart for camp promptly on the day, it is important that medication requirements are completed prior to the camp departure date. If your child will require medication other than that which is usually held at the school to be available or administered to your child while at camp, please:

1. Complete a [Medication Authorisation and Administration Record](#) for each medication you will hand to our staff.
2. Provide an adequate supply of all medications for the number of days / nights of the camp.
 - a. Medication must be in the original packaging, labelled with your child's full name, correct dose and time to be administered.
3. **Medication along with your completed Medication Authorisation and Administration Record are to be handed to the school front office staff between 8.30 am and 3.30 pm on Friday 1 March 2024**

Please do not hesitate to contact the school on 6142 2400 if you have any questions or would like assistance regarding medication and medical requirements for your child.

Chapman Primary School Camp Permission Form

YEAR 5 CAMP – BIRRIGAI OUTDOOR SCHOOL

This signed consent form and deposit must be returned to your child's classroom teacher no later than 10:00am on Friday 9 February 2024.

I give permission for my child _____ in class _____ to attend the year 5 camp to Birrigai from Tuesday 5 to Wednesday 6 March travelling by bus.

I agree to my child participating in the activities associated with this camp 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 camp.

I agree that my child will be under the authority of the school for the duration of the camp 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 the camp.

Medical

- ☐ I have completed and returned the ACT Education Medical Information Consent Form with this permission form. *The Medical Information and consent form only needs to be completed once per calendar year prior to the first excursion unless there are changes to the details on this form.*

Will your child require medication to be administered at camp? Yes ☐ No ☐

- **If yes**, is this medication and accompanying plans held at the school? Yes ☐ No ☐
- **If No**, a [Medication Authorisation and Administration Record](#) for each medication must be completed and presented to the school front office.

- ☐ **I understand I must present the medication and required additional medical forms to the school between 8.30 am and 3.30 pm on Friday 1 March 2024.**

All Medical Plans and Medications held at the school will be taken to camp.

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					

Dietary Requirements

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

(Please complete the attached Birrigai Allergens / Food Restrictions form and return to the Chapman Primary front office with the completed permission form).

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 camps 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 camp. 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 camp to manage the camp appropriately and effectively. 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 AboutUs page.

Along with this permission form you must complete and return by Friday 9 February the following:

- ☐ **Medical Information and Consent form for 2024**
- ☐ **Birrigai Allergens / Food Restrictions Form**
- ☐ **Payment form with deposit (minimum)**
 - *The school has made every effort to keep cost for this camp to a minimal level. If necessary, parents or students can confidentially discuss support to meet the cost of the camp with the Principal.*

Payment Code: Yr5Camp

Camp Payment Form

YEAR 5 CAMP BIRRIGAI OUTDOOR SCHOOL

Child's name: _____ Class: _____

☐ I have enclosed the full cost of \$175 for the camp.

OR

☐ I have enclosed \$75 (Deposit) for the camp to secure my child's place **by Friday 9 February 2024**.

☐ I understand the balance of \$100 will be made **no later** than Tuesday 27 February 2024.

Suggested Payment Plan		
Payment	Cost	Due Date
Deposit	\$75	Friday 9 February 2024
Final Payment	\$100	Tuesday 27 February 2024

☐ Quickweb payment of \$_____ made on (date)_____ receipt number _____
<https://www.chapmanps.act.edu.au/payment>

☐ Enclosed is cash to the value of \$_____

☐ Credit Card as per attached slip– add credit card slip.

Please ensure Parent permission and Medical form are returned to your child's teacher.

Credit Card Payment Slip

Amount: \$ _____

Credit Card Facility (Please tick which card applies)

Master Card ☐ Visa Card ☐

Card No.

Expiry Date: __ __ / __ __

Name on card: _____

Cardholders Signature: _____ Date: _____

Contact Phone Number: __ __ __ __ __ __ __ __ __

This information is securely disposed of when your payment has been processed.