



LYNEHAM PRIMARY SCHOOL

Camp 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: 23rd – 25th October 2024

Drop off at front of School at 7:45am on the 23rd, pick up 4:30pm on the 25th

Purpose of excursion: Kianinny staff lead a three-day camp program located at Kianinny Bush Cottages, Tathra, South Coast NSW. 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: Examples include; 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 27th September (Friday Week 10, Term 3)

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

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 walking shoes (runners or boots)
- 1 pair of water shoes or thongs (shoes that can get wet)
- Pyjamas
- Swimmers
- 2 x Towels (1 beach, 1 bath)
- Plastic bag for wet items
- Drink Bottle
- Toiletries-toothbrush, toothpaste, hairbrush, deodorant(roll-on), soap
- 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 Permission

I give permission for my child _____ in class _____ to attend the Lyneham Primary School excursion to **Camp Kianinny Bush Cottages** on **(Wednesday 23rd – Friday 25th October 2024)** 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: _____

Student Contract Year 6 Camp Kianinny 23rd-25th October 2024

I _____ agree to keep to the
(Print student name)

following expected behaviours whilst on camp.

- 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: _____

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"/>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Please select milk alternative if appropriate Note: nut-based milk is <u>NOT</u> permitted </div> <div style="width: 35%;"> <input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> No alternative </div> </div>
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"/>

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"/> Non-binary <input type="checkbox"/> I/They use different term (please specify) <input type="checkbox"/> Prefer not to say <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"/> Sun Screen 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> <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; 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.</p>	
<p>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

PAYMENT SLIP – Year 6 Camp \$420

I am paying the amount of \$ _____ Student Name: _____

I will be paying by 3 instalments – Cash Credit card
(if using credit card for instalments please complete details BELOW)

➤ First instalment of **\$140.00** is due on 05/07/2024

➤ Second instalment of **\$140.00** is due 16/08/2024

➤ Third instalment of **\$140.00** is due 27/09/2024

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.