



2024 YEAR 5 CAMP-BIRRIGAI OUTDOOR SCHOOL

Dear Parents and Caregivers

In Week 7, Term 4 2024, Year 5 students will have the opportunity to attend an educational camp at Birrigai Outdoor School.

Dates: Tuesday 26 November- Thursday 28 November

Times: Departing from Kaleen Primary School at 9:15am Tuesday 26 November

Returning to Kaleen Primary School at 2:20pm Thursday 28 November (approx)

Destination: Birrigai Outdoor School, Tidbinbilla, ACT

Travel: Chartered buses to and from Birrigai Outdoor School

Cost: \$345.00 (cost includes transport, accommodation, meals, and activities).

Please see attached payment page for further information.

The school has made every effort to keep the cost for this excursion at a minimum level. If necessary, parents can confidentially discuss support to meet the cost of the excursion with the Business Manager. Please contact the front office if you would like to speak with the Business Manager.

There are a number of additional forms that need to be completed prior to attending camp. These are listed below and attached with this note. Please complete these forms and return them to school no later than **Friday 8 November 2024.**

Excursion Risk Assessment: Available at the front office

Behavioural expectations: Standards of behaviour based on the school's values apply in all camp and excursion situations. Students deemed to not be displaying appropriate behaviour on excursions or camps will be returned to school. No refund will be available under these circumstances.

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.

To be completed:

- Attachment #1- Excursion Permission form
- Attachment #2- Payment Slip
- Attachment #3- Excursion Medical and Consent form
- Attachment #4- Birrigai Allergen and Food Restrictions

If you have any further questions, please do not hesitate to contact me.

Please return Permission note & payment to the front office by **Friday 8 November 2024**. Kind regards
Kelly Turner - Executive teacher 5/6
12 September 2024

Excursion Permission Note for Parents/Carers:- ATTACHMENT #1

I give permission for my child		in class	s to attend	l the	
excursion to Birrigai Outdoor School,	from 26 Novemb	er-28 November 2024 trave	elling by chartered bus.		
I agree to my child participating in the act with my child the need for expected beha welfare of my child (including medical or have provided to the school all medical in	viour on this Excursurgical treatment)	sion. I authorise the school to r in an emergency and I agree to	make arrangements for the omeet the associated costs.	. I	
☐ I agree that my child will be under is authorised to return my child to sch such action. I give permission for my emergency.	ool or home at my	expense if the school considers	s that circumstances warrant		
The Medical Information and consentation attached).	t form needs to b	e completed specifically fo	r Camp (please find		
Will your child require medication to relief)?	be administered	during the excursion (e.g. a	allergy medication, pain		
Yes □ No □					
If yes, please complete a <i>Medication</i> office).	Authorisation an	d Administration Record (a	vailable through the front	t	
Is there any additional information y excursion?	ou need to provi	de to support your child's pa	articipation in this		
Yes □ No □ If yes, please provide these details:					
				- -	
				_	
Please provide the following informa	ition:				
Medicare No:	Private Health	Member	rship No		
Ambulance Fund:		responsible for ambulance costs outside the ACT			
Parent/Carer: (please print):		Mobile Contact on the day	/:		
Parant/Carary (plaasa sign);		Data			

Permission Due: Friday 8 November 2024

PAYMENT SLIP - ATTACHMENT #2 Year 5 Birrigai Camp

Stuc	lent Name:		Student Class:		
payr	ment plans to all	nds there is a significant cost a families. This means that fami cember 2024 to pay off the fu	lies can pay any amoun		
Please indicate your payment method below and sign this payment agreement.					
	Option 1:	I am paying the full amour	nt of \$345.00.		
OR					
	Option 2:	Pay in smaller instalments			
Please note that Sentral Pay by Ezidebit (Preferred payment method)					
	Sentral Pay by E	ziDebit - Payment made on		(date)	
Quickweb - Payment made on					
	Cash				
	Credit Card – Pa	yments may be made in perso	n any time between 8.3	30am-3pm at the office.	

Fee Code: Year 5 Overnight Camp

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.