YEAR 4 OVERNIGHT EXCURSION

19th July, 2016

Dear Parents of Year 4,

This letter is to inform you that your child will have the opportunity to participate in a Year 4 Overnight Excursion to Sydney for one night.

It will occur from Thursday, 8th September to Friday 9th September, 2016.

Many schools in Canberra offer a one night excursion in Year 4. This camp is similar in nature to those offered in these schools and is an integral part of our curriculum studies for History and Geography as well as an excellent preparation for a longer Year 5/6 camp.

The camp will primarily consist of a visit to Hyde Park Barracks and The Rocks on Thursday, 8th September and The National Maritime Museum for a navigation session and a tour on board the HMS Endeavour on Friday, 9th September.

As in previous years student accommodation will be at Uniting Venues, Elanora (http://www.unitingvenues.org/elanora). Students will receive a nutritious dinner and snacks/supper on Thursday and breakfast and snacks and lunch on Friday for the duration of their stay. The one night stay will follow all supervision and safety guidelines as determined by Catholic Education. Included in the cost of the camp will be a stop at Exeter McDonalds on Friday afternoon.

We will be travelling to Sydney by a fully equipped, seat-belt coach leaving St Benedict’s at 7.00am on Thursday morning, 8th September and returning at approximately 5.00pm on Friday afternoon, 9th September.

Payment:
The cost for this excursion is $200 per child (based on the whole class attending), which is excellent value considering the comfortable accommodation for 1 night, all meals, coach travel and the fantastic variety of activities on offer to students.

We recognise that families like to plan for such costs. Therefore, the school is offering an instalment payment plan. Payments by instalment can be made in a clearly marked envelope at the front office from this week and a receipt will be issued. Full payment can also be made on the attached credit card payment slip. Full payment of the overnight excursion fee will be needed by Friday, 26th August.
Luggage:
Students are required to be able to carry and move their own luggage as required. Therefore all belongings must be inside one bag, including a sleeping bag (rather than attached to the outside) if possible. Please clearly label your child’s belongings. Students are to wear their school sports uniform on Thursday and Friday.

Medication:
Students are to bring any necessary medication in a sealed bag with their name and medication details on it (how much is required, when and why) and give it to Mrs Basedow.

Consent Forms/Medication Forms:
Enclosed are an Archdiocesan Consent Form and Request to Dispense Medication Form that need to be completed and returned to school by Friday, 12th August. A list of what to pack and the itinerary for the Camp is also included with this note.

Money:
Students are allowed to bring a maximum of $20 along with them on the excursion to spend. All other costs are covered in the cost of the excursion.

Electronic devices:
No electronic devices of any kind are permitted whilst on the excursion (please leave them at home).

Should you wish to discuss any of the above information further, please feel free to contact Mr Matthew Garton, or Mrs Amanda Basedow.

Yours sincerely,

Matthew Garton  Amanda Basedow  Camille Ellison
Principal  Year 3/4 Teacher  Year 3/4 Teacher
**Things to pack:**

*Remember one small luggage bag with the following in it:

- Sleeping Bag
- Pillow (strapped to outside of luggage bag)
- Tooth paste
- Toothbrush
- Hair brush
- Soap
- Bath Towel
- Pyjamas
- Underwear x 3
- Warm casual clothes (jumper, track pants, jeans etc.)
- Socks x 3
- Spare Runners (in the event of wet weather)
- Raincoat
- One small soft toy if you would like
- Any necessary medication in a sealed bag with your name and medication details on it.

**Bring on the bus:**

- One small back pack to carry your food and drink bottle etc
- Packed recess, lunch and afternoon tea for Thursday, along with a drink bottle filled with **water**
- Spending money -$20.00 for Gift Shops if required.
YEAR 4 CAMP PAYMENT SLIP

Sydney Trip: Thursday, 8th September to Friday, 9th September 2016

CREDIT CARD AUTHORISATION

Amount to be debited: $_______________________

VISA ☐ MASTERCARD ☐

Card Number:

_________________________ ___________________________ 

Card Holder Name: ____________________________________

Please Print

Expire Date:

___/___

Three Digit Security Code on the Back

________

Signature:

____________________________________

CHILD’S NAME:

_________________________________________________________________ 

Please Print

CLASS:

YEAR 4
ARCHDIOCESE OF CANBERRA AND GOULBURN CONSENT FORM

Excursion to: Sydney  Date: Thursday, 8th September to Friday 9th September, 2016.

STUDENT DETAILS:

Surname: ___________________________  Given Name: ___________________________

Date of Birth: _________________  School: St Benedict’s Primary School, Narrabundah

Home Phone ________________________________

EMERGENCY CONTACT (for the dates 8th September 9th September 2016):

Name: ___________________________  Phone: ___________________________

Relationship: ____________  Medicare No: _____________  Private Health Ins. ___________

STUDENT MEDICAL DETAILS:

Date of last Tetanus injection:

Please detail any medical conditions (eg. Allergies, asthma) and treatment plans for your child, relevant to this excursion (Please attach any further information required to support the medical needs of your child):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please outline any special dietary requirements for your child:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please list any other information we may need to know to assist your child to participate fully in the camp:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
PARENTAL CONSENT:

As Parent/ Guardian of ______________________________ I give my consent for him/her to participate in the Year 4 Overnight Excursion to Sydney and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group or individually in the above mentioned activity.

I submit the attached, relevant medical information about the above mentioned student and include details of limitations, which he/she has for the activities concerned.

If I cannot be contacted to give approval for medical assistance I authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur. If I am unable to be contacted to give approval, I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises. I agree to pay all medical expenses incurred on behalf of the abovementioned student.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I agree that if my child seriously contravenes behaviour expectations he/she may be immediately excluded.

I give permission for images taken on this excursion of my child to be used by the school in school and system publications, both print and electronic.

Parent/Guardian Signature: ___________________________ Date: ____________________
Request to Dispense Medicine

To be completed by Parent or Guardian

I request that my child:

_____________________________________________________________________

(Full Name of Student)

be given / allowed to take

_____________________________________________________________________

(Name of Medication)

at ___________________________ in dosages of _______________________ (times)

(ml or tablets)

For the Medical Condition:

_____________________________________________________________________

Any other relevant comments:

_____________________________________________________________________

_____________________________________________________________________

Signed:

Parent/Guardian ___________________________ Date _____________