Dear Parents of Years 5 & 6,

YEAR 5 AND 6 SCHOOL CAMP

We are all very excited about our School Camp that will be held at Tharwa from 
Monday, 4th April to Wednesday, 6th April 2016.

The cost for this excursion is $225 per child and is due for payment in full by Friday, 1st April 2016.

Please read the following information to ensure your child is ready:

Venue: Birrigai Education Centre, Tidbinbilla Road, Tharwa
Phone: 02 6205 6748

- Students need to be at school, Monday, 4th April by 8:30am to be marked off the roll and their gear packed onto the bus.
- Students may choose to bring a Day Bag (e.g. small backpack) to help them carry their drink bottle, sunscreen, lunch and other items as they travel on the bus and move between activities.
- All medication needs to be handed to your child’s teacher upon arrival at school. A permission note to dispense medication is attached and needs to be returned to your child’s class teacher by Friday, 25th March 2016. This assists us with planning.
- Please find attached the final checklist for packing.
- As the camp is designed to build confidence and independence there will be no expectation for you to contact your child. Should there be an emergency and you need to contact us you can reach us on the Birrigai phone number above or contact the school and they will contact the teachers directly. Mobile coverage is limited but you may try the school mobile number that we will have with us. It is 0466 784 260.
- We will arrive back at school at 2.45pm on Wednesday 6th April and look forward to seeing you then.
- An outline of the activities that will be covered will be sent home in the coming weeks. We will be primarily following a program called Life on the Diggings, designed and lead by educators at Birrigai to support the learning being done in HASS this semester.

Yours sincerely,

Matthew Garton              Meaghan Younger              Melanie Stratford
Principal                   Year 5/6 Teacher              Year 5/6 Teacher
RECOMMENDED PACKING LIST

☐ 4 sets of underwear, including 4 pairs of socks
☐ 5 shirts with sleeves (3 short sleeved, 2 long sleeved) no singlet tops
☐ 2 jumpers
☐ 3 pairs of jeans/track pants
☐ 1 pair of shorts
☐ 2 pairs of closed in shoes (runners or boots) – 1 old pair
☐ Pyjamas/track suit for sleeping in
☐ Towel & facewasher
☐ Hand towel (there are no paper hand towels supplied in accommodation bathrooms)
☐ Toiletries (toothpaste, tooth brush, soap etc.)
☐ Their school hat
☐ Sunscreen
☐ Sleeping bag
☐ 1 pillow

BIRRIGAI WILL PROVIDE

☐ Blankets (2 in Winter)
☐ Japara style raincoats as needed (do not bring your own)
☐ Water bottle for visitors to keep (do not bring your own)

DO NOT BRING

☐ Any food including lollies, soft drink or nuts or products containing nuts. Birrigai will provide all the food the students will require while on camp including special dietary requirements
☐ Electronic devices including iPods, phones, kindles, iPads
☐ Cameras
☐ Torches
YEAR 5/6 CAMP PAYMENT SLIP

MONDAY, 4th April TO WEDNESDAY, 6th April, 2016

CREDIT CARD AUTHORISATION

Amount to be debited: $225.00

VISA ☐  MASTERCARD ☐

Card Number:

_________  ______  ______  ______  ______  ______  ______  ______

Card Holder Name:

____________________________________  

Please Print

Expiry Date:

___/___

Three Digit Security Code on the Back:

_____

Signature:

____________________________________

Email address for receipt:

____________________________________

CHILD’S NAME:

____________________________________  

Please Print

CLASS:

_____________
Nurturing personal and academic growth. A journey from Kindergarten to Year 6.
ARCHDIOCESE OF CANBERRA AND GOULBURN

ARCHDIOCESE OF CANBERRA AND GOULBURN CONSENT FORM

Excursion to: Birrigai Education Centre  Date: MONDAY, 4th April TO WEDNESDAY, 6th April, 2016

STUDENT DETAILS:

Surname: _____________________________  Given Name: _____________________________

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

Home Phone ________________________________

EMERGENCY CONTACT (for the dates 4 TO 6 May):

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 5/6 St Benedict’s School Camp 2016 to Birrigai and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate 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 ____________