



St Benedict's Primary School

P.O.Box 59, Tallara Parkway
NARRABUNDAH, ACT, 2604

Ph: 02 6295 8027

Email: Office.StBenedicts@cg.catholic.edu.au

8th February, 2018

YEAR 5 AND 6 SCHOOL CAMP

Dear Parents of Years 5 & 6,

In 2018 our biannual Years 5 & 6 School Camp will be held at Birrigai Education Centre, Tidbinbilla Road, Tharwa from **Tuesday 27th February – Thursday 1st March.**

This camp supports the in-class work done in first term in HASS as well as helping build independence and cooperative group skills. We will be primarily following a program called '*Life on the Diggings*', designed and lead by educators at Birrigai.

As part of this program students will pitch a tent on the 'goldfields' and try panning, cradling and prospecting for gold. They will learn about the challenges faced by the women and Chinese miners at the diggings. Students will dress in costume and travel back in time to line up for school in the slab hut. They will write with nibs and ink and play some of the old time games such as marbles and bush billiards. Students will build a camp fire and cook damper like the diggers, visit the assay office and swap their gold for pounds and participate in the fight for democracy.

This program has been a great success on past camps and we look forward to the students thoroughly enjoying the experience as well as gaining a lot educationally.

Please complete and return the following forms by Wednesday, 14th February 2017:

- Archdiocese of Canberra and Goulburn Consent Form**
- ACT Excursion Medical Information** (required by Birrigai Education Centre)

The cost for this camp is \$290 per child which will be invoiced as part of Term 1 school fees. If you have difficulty in paying the full amount in Term 1 please contact Mrs McRae in the Front Office.

Yours sincerely,

Alana Quirk

Melanie Stratford

Sophie Hall

Assistant Principal/
Year 5/6 Teacher

Year 5/6 Teacher

Year 5/6 Teacher

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

Venue: Birrigai Education Centre, Tidbinbilla Road, Tharwa

Phone: 02 6205 6748

Web: www.tidbinbilla.com.au/birrigai

- Students need to **be at school, Tuesday, 27th February 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. A permission note to dispense medication is attached and needs to be returned to your child's class teacher by **Thursday 22nd February**. 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 0427 496 845
- We will arrive back at school at **2.45pm on Thursday 1st March** and look forward to seeing you then.

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
- 2 pairs of shorts
- 2 pairs of closed in shoes (runners or boots) – 1 old pair
- Pyjamas/track suit for sleeping in
- Towel & face washer
- Hand towel (there are no paper hand towels supplied in accommodation bathrooms)
- Toiletries (toothpaste, tooth brush, soap etc.)
- a 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

ARCHDIOCESE OF CANBERRA AND GOULBURN CONSENT FORM

Excursion to : Birrigai Education Centre
Date: **TUESDAY, 2TH FEBRUARY TO THURSDAY, 1ST MARCH 2018**

STUDENT DETAILS:

Surname: _____ Given Name: _____

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

Home Phone _____

EMERGENCY CONTACT (for the dates 27 February to 1 March):

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:

(Please turn over)

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 2018 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:** _____



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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 _____