



A significant place in the land of the Ngunnawal People

The Woden School Camp Information

**Thursday 4 & Friday 5 May, 2017
Term 2 Week 2**

Dear Parents/Carers,

This camp provides an opportunity for students to explore a range of exciting physical challenges as well as consolidating and practicing social and life skills. Please discuss this with your student and complete and return the Medical Information and Consent Form if they are going to attend. The cost of the camp is \$185.

Kind Regards,

Peter Taylor
Executive Teacher
Years 7/8 Sub School
The Woden School

Year 8 Camp - Birrigai

Thursday 4 & Friday 5 May, 2017

Term 2 Week 2

The Programs

Activities that the students will take part in include; flying fox, rope climbing, rescue challenge, bush walks, playground, cooking damper on a camp fire and short walks around Tidbinbilla Sanctuary.

Itinerary

Students will leave The Woden School on Thursday, May 4 at 9:30 a.m. and return at 2:45 p.m. on Friday, May 5. **They will be able to take their regular school bus / transportation to and from school.**

Important Camp Information

Please find the following documents attached.

- 2 page Excursion Medical Information and Consent Form that needs to be returned to school by **Friday March 31, 2017**
- A copy of the camp schedule
- A recommended packing list

Payment due

Final payment of \$185 is due **Friday 31 March, 2017**

Application for financial assistance can be made directly to the Principal, Ian Copland on 6142 0200 or via email at ian.copland@ed.act.edu.au

Please contact me if you have any further questions.



Peter Taylor
Executive Teacher
Years 7/8 Sub School
The Woden School
6142 0200
Peter.Taylor@ed.act.edu.au

**2017 Year 8 Birrigai School Camp on
Thursday 4 & Friday 5 May
Term 2 Week 2**

Please return this by **Friday 31 March, 2017**

My son/daughter _____

Will not be attending the school camp at Birrigai

Will be attending the school camp at Birrigai and I have paid the full amount

Please circle payment method

Cash

Cheque

Direct Deposit into the school's bank account. BSB 032777 Account Number 001893 please include reference **CAMP YR8** for your payment, e.g. 'Student Name Camp YR8'

Credit Card payments can be made via the school website
<http://www.thewodens.act.edu.au/> please use Fee Code – **CAMP YR8**

Signed _____

Date _____

Please print name _____



Excursion Medical Information and Consent Form

Attachment 4



This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category B, C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken on the excursion.

The department 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 your child's school and will be made available to staff of the school 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 *Privacy Act 1998(Cwth)*. Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __/__/____ Sex: M F

School: _____ School Year: _____ Camp/Excursion: _____

Parent/Carer: _____

Address: _____

Contact Telephone Nos - Business Hours: _____

After Hours: _____ Mobile: _____

Other Contact for Emergency: _____ Telephone No: _____

Name of Student's Doctor: _____ Telephone No: _____

Medicare No: _____ Private Health Fund: _____ Membership Number _____

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |

Other _____

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?
 Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: __/__/____

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion _____

Is the student presently taking any medication? Yes No

If Yes, please state name of medication, dosage, etc: _____

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

Are you aware of any physical or psychological limitations of your child? Please give details..

Is there any other information which you believe may help us to provide the best possible care? _____

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Date: __/__/____
(Parent/Carer)

Signed: Date: __/__/____
(Parent/Carer)

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion.

Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.

School: The Woden School
 Date: Thursday 4 & 5 May, 2017
 Cabins : Hatcliff Cabins
 Numbers: Approximately 20-25
 Program: Adventure/Ropes
 Teachers/Adults attending: 8 Woden School staff

Day 1		Day 2	
7:45		Breakfast Table Duty Group	
10:30	Arrival & bags to cabins. Teachers' briefing in dining room (approx. 30 minutes). While this is happening, students will do an orientation activity/receive water bottles & morning tea.	Breakfast	9:00 – 9:15: Cabin Inspection 9:15 – 9:30: Activity session
11:30	Lunch Table Duty Group	12:15 Lunch Table Duty Group	
11:45	Lunch (Procedure led by Birrigai staff)	12:30 Lunch	
1.00	<ul style="list-style-type: none"> Giant Swing (½ of the group) and bushwalk to Birrigai Rock Shelter (other ½ of the group). At approximately 2:30pm, the halves will meet back at the buildings for afternoon tea/toilets and swap over activities. 		Farewell and departure at 2.00pm
4:00	Set up Team rescue for Woden Staff to lead in free time if necessary.		
5.15	Dinner Table Duty Group		
5.30	Dinner		
7.00	Movie in the theatre		
Any time	Supper		



Postal address: RMB 142 Tidbinbilla Road
Tharwa ACT 2620
Phone: 02 6205 6748
Email: birrigai@ed.act.edu.au
Web: www.tidbinbilla.com.au/birrigai

RECOMMENDED PACKING LIST

(FOR A 3-DAY STAY)

- sets of underwear
- 3 pairs of socks
- 3 shirts with sleeves (2 short sleeved, 1 long sleeved) no singlet tops
- 1 woollen or polar fleece jumper (2 in winter)
- 2 pairs of shorts (summer)
- 2 pairs of trousers/track pants
- 2 pairs of closed in shoes (runners or boots)
- Pyjamas
- Towel
- Hand Towel (there are no paper hand towels supplied in accommodation bathrooms)
- Toiletries
- 1 broad brimmed hat
- Sunscreen
- Sleeping Bag or 2 sheets
- 1 pillow

BIRRIGAI WILL PROVIDE:

- Blankets (1 in summer / 2 in winter)
- Japara style raincoats as needed
- Water bottle for visitors to keep

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 (vegetarian, halal, gluten free, dairy free, peanut allergy, diabetic etc)***
- iPods or other portable music players
- Expensive Cameras (bring a disposable camera)
- Torches (unless specified)