

29 February 2019

**CAMP COOBA
YEAR 5/6
8 APRIL - 10 APRIL 2019**

Dear Parents and Carers

This year the students in Namadgi will be attending camp from Monday 8 April to Wednesday 10 April. Our camp programs are targeted to develop outdoor education skills and environmental knowledge, build confidence and promote teamwork, leadership and initiative. The camp will be held at Cooba Sport & Education Centre, Berridale NSW where students will attend an Outdoor Education Program facilitated by NSW Sport & Recreation. Whilst on camp students will have the opportunity to build friendships and resilience and work through group and personal challenges.

The cost of the camp has been finalised and will be \$310.00 per child. This will include: accommodation, meals, bus travel to and from the camp and all activities. This camp is being subsidised by financial support from the Bonython P&C Association. **Full payment is due no later than Friday 29 March 2019.**

More information regarding what to bring to camp and confirmation of departure and arrival times will be sent home closer to the camp date.

Date of excursion:	Monday 8 April – Wednesday 10 April (inclusive) 2019
Venue:	Cooba Sport & Education Centre Cootralantra Road, Berridale NSW 2628
Time of departure:	8.15am from Bonython Primary School
Time of return:	3.15pm to Bonython Primary School
Cost:	\$310.00
Method of transport:	Bus
Payment to be returned by:	29 March 2019
Dietary requirements to be returned by:	12 March 2019

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. These contributions are voluntary. The school has made every effort to keep costs for this activity at a reasonable level. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we will not be able to proceed.

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.

In the case of unacceptable or dangerous behaviour, arrangements may be made to exclude a child or arrange for them to be sent home at the expense of the parents.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) (Bonython Primary School). This information is necessary for us to manage student participation and attendance at the event, 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 attend/participate in the event. 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. While we will not usually disclose this information to third parties, we may share this information with other public (i.e. government) and non-government schools in the case of inter-school or inter-state state events in order to manage the event effectively. 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.

Regards,
Marissa Owens
Year 5/6 Executive Teacher

**PAYMENT
CAMP COOBA
YEAR 5/6**

8 APRIL - 10 APRIL 2019

(Please return to the school with payment no later than 29 March 2019)

Full payment of \$310.00 or balance of payment of \$260.00 is enclosed.

Full Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____

Emergency contact number on the day: _____

Payment Options:

- Quick Web** (*Visit the school website. Click on the payment tab which will take you to a secure Westpac Website to complete the payment.*)
- Direct Deposit** (*See account details below.*)
- Cash**
- Credit Card**
- Cheque**

Account Name: Bonython Primary School Management Account

BSB: 032 777

Account Number: 001041

Please include your child's name and reason for payment in the 'reference field'.

Payment by credit card, please fill out the following details:

Child's Name _____ Class _____ Excursion to: Cooba NSW

VISA MASTERCARD

NAME ON CARD

EXP DATE AMOUNT

SIGNATURE

CARD NO

MEDICAL INFORMATION AND UPDATE

CAMP COOBA

YEAR 5/6

8 APRIL - 10 APRIL 2019

(Please return to the school with payment)

The school has your child's medical information on the Annual Medical Form which will be taken by the school on the excursion. We do understand however, that children's medical conditions can change or they may be suffering from temporary conditions. The questions below help us to ensure we have the most up to date information for the excursion detailed above. It is important that we are advised of any changes to your child's medical details prior to the excursion. Please carefully read the questions below, choose the appropriate answer, sign and return to the school with the permission note and payment. If you have any questions about what is contained on your child's Annual Medical Form, please contact the Front Office on 6142 0640 for assistance.

If the changes to the Annual Medical Form are permanent or long term, it is important you contact the school to complete/update this form.

Name of student: _____ Class: _____

No medical conditions and no changes: I have completed the Annual Medical Form and there were no medical conditions to report. This has not changed.

Medical conditions reported but these have not changed: I have completed the Annual Medical Form and reported medical conditions. The conditions and the treatment plan have not changed.

Additional details (if required) _____

There are changes to the Annual Medical Report: I have completed the Annual Medical Form and there are changes to my child's medical conditions. Please complete below the details of the medical condition and the treatment required.

Full Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____