



**ACT**  
Government  
Education

## MACQUARIE PRIMARY SCHOOL

Years P – 6

46 Bennelong Crescent MACQUARIE ACT 2614

Phone 6142 1550

Fax 6142 1571

[www.macquarieps.act.edu.au](http://www.macquarieps.act.edu.au)

Email [admin@macquarieps.act.edu.au](mailto:admin@macquarieps.act.edu.au)

ABN: 66 296 876 753



Wednesday 13 March 2024

### 5/6 Camp Wombaroo 2024

Dear Families,

In week 5 of term 2, students in year 5/6 will have the opportunity to participate in the three-day camp to Camp Wombaroo to develop team building skills. Students will participate in various experiences such as archery, orienteering, abseiling etc. We encourage all children to attend as this camp is a key element of our learning for term two and is a fantastic opportunity for students and staff to work together and strengthen their collaborative relationships. If you would like your child/ren to attend, please return this note and make a \$100 deposit per child no later than Friday 12 April 2024.

**Where:** Camp Wombaroo, 162 Black Spring, High Range, NSW 2575,  
<https://www.oeg.edu.au/camps/camp-wombaroo/>

**When:** Wednesday 22 May to Friday 24 May 2024

**Transport:** Bus

**Time:** Departing at 7.30am on Wednesday 22 May and returning at 4:30pm on Friday 24 May 2024 (please check Dojo as we will post updates on there)

**Accompanying Staff:** 2024 Year 5/6 teaching and support staff

**Emergency Contact:** Please ring the School Front Office and they will contact teaching staff.

**Total Cost:** \$460.00

Due to the distance and outdoor education activities the need for high levels of self-management during this camp are vital. Students who do not demonstrate these skills leading into the camp experience may have this opportunity withdrawn.

*Staff accompanying students on excursions will take all reasonable care while the students are in their care to protect them from injury. Parents should be aware that staff members are not responsible for injuries or damage to property that 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. (Education Directorate Policy)*

*The school is planning to offer a camp experience at AGH Camp. As this is an optional activity, a payment will be required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide the activity. Individual records of contributions are confidential.*

Please return this note and \$100 deposit per child to the Front Office by no later than Friday 12 April 2024. The balance of \$360 per child will be due by Monday 6 May 2024. If you would like to arrange a payment plan then please see Kristy Grant via the front office.

Kind regards,

**Mariam Hijazi**

## GENERAL MEDICAL INFORMATION AND CONSENT FORM

Dear Parents/Carers

I am attaching an Excursion Medical Information and Consent Form and request that you complete and return it to the school as soon as possible. The information you are requested to give on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998 (Cwth)* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies. To ensure that the information on the form is accurate and current, you are requested to advise the school immediately of any changes. You will also be asked to complete a new form at the beginning of each school year.

### Management of Medical Conditions

The Directorate is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions. In special circumstances, staff may be able to assist with the administration of medication. In these cases, Directorate policy requires principals to ensure that a comprehensive written authority is obtained from the student's parents and also a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

### Emergency Treatment Plans for Anaphylaxis, Asthma, Diabetes, Epilepsy and Allergies

You are asked to indicate on the attached Excursion Medical Information and Consent form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, epilepsy or allergies, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

### Emergency Treatment of an Asthma Attack

***Please read this section carefully and seek clarification from your family doctor if necessary.***

These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately. Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems. This treatment could be life saving and ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

### Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side-effects.

### Medical Services for Students attending ACT Government Schools

The Directorate collects the information contained in this form to obtain parental consent for students' participation and to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

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ACT Health advises that the following arrangements apply to students in ACT Government Schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

**Ambulance Transportation**

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT. Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

**Casualty Treatment**

1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly is appreciated.

Kind Regards,

Mariam Hijazi



# Excursion Medical Information and Consent Form

## 5/6 Camp Wombaroo 2024

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 Directorate 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: \_\_\_\_\_ Mem. Number \_\_\_\_\_

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

Please tick if your child suffers any of the following:

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<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
<input type="checkbox"/> 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, an *Emergency Treatment 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 your child's anaphylaxis\*, asthma\*, diabetes\* or epilepsy\* conditions, please ask the school for the appropriate Emergency Treatment Plan for completion. In the absence of a specific Emergency Treatment 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

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Is the student presently taking any medication? Yes ☐ No ☐

If **Yes**, please state name of medication, dosage, etc: \_\_\_\_\_

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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.

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

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### 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: \_\_\_\_ / \_\_\_\_ / 2024

(Parent/Carer)

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2024

(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.*

Does the student attending have any dietary requirements? \_\_\_\_\_

If yes, please detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERMISSION NOTE AND BEHAVIOUR CONTRACT FOR

### 5/6 Camp Wombaroo 2024

Please return by **Friday 12 April 2024**

I give permission for my child to attend Camp Wombaroo from Wednesday 22 May to Friday 24 May 202.

I understand that transport will be by bus leaving school at **7.30am** on the Wednesday 22 May and returning at **4.30pm** on Friday 24 May. I have read and understand the attached information.

CHILD'S NAME \_\_\_\_\_ CLASS TEACHER \_\_\_\_\_

PARENT/CARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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I understand that all school expectations apply while I am on this excursion and that I will follow these and those set by Camp Wombaroo staff.

I will act safely and respect the rights and safety of others on the camp.

I am aware that inappropriate behaviour at camp may result in my missing out on activities. For high level or repeated unsafe or inconsiderate behaviour my parents may be contacted to take me home from the camp.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FINAL PAYMENT SLIP FOR

### 5/6 Camp Wombaroo 2024

Student name: \_\_\_\_\_

Year Level: \_\_\_\_\_

**Total Cost of camp: \$460.00**

***\*cashless payment preferred***

Please forward final payment by **Monday 6th May 2024**

If you require financial assistance, please don't hesitate to contact the school to discuss payment options.

Amount Paid:

☐ \$100 deposit

☐ \$360 balance

☐ \$460 full payment

- |                                   |   |
|-----------------------------------|---|
| <input type="radio"/> I enclose   | \$460.00 cash/cheque or   |
| <input type="radio"/> I have paid | \$460.00 via Sentral Pay – parent portal                                  |
| <input type="radio"/> I have paid | \$460.00 via EFTPOS – at the office                                       |
| <input type="radio"/> I have paid | \$460.00 via Quickweb - found under the payment tab on our school website |

Quickweb Details:

Go to our school website and follow the prompts on the payment page

Use reference: Child's Name 5/6CAMP