



MACQUARIE PRIMARY SCHOOL
Years P – 6

46 Bennelong Crescent MACQUARIE ACT 2614

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ABN: 66 296 876 753



22 July 2021

Year 3/4 and Les Pêches Camp 2021 – Birrigai

Dear Families,

As part of our outdoor education and wellbeing program, students in Year 3, Year 4 and Les Pêches are this year participating in a camp at Birrigai near Tharwa, ACT. The educational program is organised and run by the Birrigai outdoor education team in conjunction with Macquarie Primary School teachers.

This camp will develop essential life skills such as team work, social interaction, trust, cooperation and social responsibility. Students will engage in a range of outdoor and environmental activities aligned to the Australian Curriculum. More information on Birrigai can be found at <https://www.cityservices.act.gov.au/birrigai> A risk assessment has been completed and is available to view at the front office.

Where: Birrigai Outdoor Education Centre, 142 Tidbinbilla Rd, Tharwa, ACT 2620

When: Thursday 16 September to Friday 17 September 2021 (Week 10)

Transport: Bus

Time: *Departing:* 9.15am from Macquarie Primary School on Thursday 16 September

Return: 2.30pm to Macquarie Primary School on Friday 17 September

Accommodation Bunk style accommodation in cabins

Emergency Contact number on excursion: 0434 751 607

Cost: \$160 is the total cost. This covers the cost of the program, accommodation, all meals, activities and bus hire. Please note that if you have already paid the deposit of \$50 the remaining balance is \$110

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)

As this is an optional activity to enrich curriculum outcomes, 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 this activity. Individual records of contributions are confidential.

Attached to this note are the following:

- Permission note and student behaviour contract
- Final payment slip
- Medical form
- Allergens / Food Restrictions List (A requirement from Birrigai Outdoor Education Centre))
- Packing list

Please return the final **permission note**, student **behaviour contract**, **medical form**, **dietary requirement form** and **final payment form** by **Friday 27 August 2021**.

Final Payment is due by **Friday 27 August 2021**

If you have any queries, please do not hesitate to contact us.

Kind regards,

Year 3/4 and Les Pêches teachers and Veronique Canellas

Birrigai Camp Coordinators 2021

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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PERMISSION NOTE AND STUDENT BEHAVIOUR CONTRACT

YEAR 3/4 and LES PÉCHES CAMP TO BIRRIGAI 2021

Please return by Friday 27 August 2021

PERMISSION NOTE

I give permission for my child to attend Birrigai from Thursday 16 September to Friday 17 September 2021.

I understand that transport will be by bus leaving school at **9.15 am** on Thursday 16 September and returning at **2.30pm** on Friday 17 September. I have read and understand the attached information.

CHILD'S NAME _____ CLASS TEACHER _____

PARENT/CARER SIGNATURE _____ DATE _____

STUDENT BEHAVIOUR CONTRACT

I understand that all school expectations apply while I am on this excursion and that I will follow these and those set by Birrigai 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 inappropriate behaviour, my parents may be contacted to collect and take me home from the camp.

Student's signature: _____

Date: _____

Parent's signature: _____

Date: _____

DIETARY REQUIREMENTS

My child has the following dietary needs at camp:

Please detail any food allergies/halal or vegetarian requirements on the accompanying form.

Final PAYMENT SLIP for Year 3/4 Birrigai Camp 2021

Payment slip and final payment due date: Friday 27 August 2021

Student Name _____ **Class** _____

Total Cost of Birrigai camp: \$160.00

Please note that If you have already paid the deposit of \$50 the remaining balance is: \$110.00

- I enclose cash/cheque or
- I have paid via electronic funds transfer

EFT Details

| | |
|-----------------|---|
| Account Name: | Macquarie Primary School Management Account |
| BSB Number: | 032 777 |
| Account Number: | 001586 |
| Use reference: | <i>Child's Name</i> BIRRIGAI |

- I have paid 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: <i>Child's Name</i> BIRRIGAI |

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Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the Directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

| Section A – Personal Details (please fill in clearly) | | | | | |
|---|--------|--|---------------|-----------|--|
| Student's Name | | | Date of Birth | | Gender M <input type="checkbox"/> F <input type="checkbox"/> |
| School | | | School Year | | |
| Parent/Carer Name | | | Address | | |
| Telephone Contact | Mobile | | Home | | Business |
| Emergency Contact 1 | | | | Telephone | |
| Emergency Contact 2 | | | | Telephone | |
| Name of Qualified Health Professional | | | | Telephone | |

| Section B – Medical Information | |
|--|--|
| Please tick if your child suffers any of the following: | |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Anaphylaxis* | <input type="checkbox"/> Diabetes* |
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Epilepsy* | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Fits or blackouts |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Reaction to Drugs |
| <input type="checkbox"/> Sight/Hearing Problems | <input type="checkbox"/> Sun Screen Sensitivity |
| *Please complete and attach a <i>Known Medical Condition Response Plan</i> | |
| <input type="checkbox"/> Other (please specify) | |
| Please identify whether your child is presently taking any medication: | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, the parent/carer must give written permission and direction for the administration of any medication at school or during school related activities, as follows: | |
| <ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. | |
| Date of last tetanus injection | |
| Are you aware of any physical or psychological limitations of your child (please specify)? | |
| | |
| Is there any other information which you believe may be relevant to the general medical/health care of your child? | |
| | |

| Section C – Parent/Carer Authorisation | |
|---|------|
| <p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). | |
| <p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p> | |
| <p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p> | |
| <p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p> | |
| Parent/Carer Signature | Date |
| | |

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| Office Use Only | | | |
|--------------------|-------------------|--------------------------|------|
| Student Central ID | Entered into MAZE | <input type="checkbox"/> | Date |
| | | | |

Macquarie Primary School Year 3/4 and Les Pêches Camp Birrigai Packing List

Make sure you bring a backpack on the bus that contains:

- SunSmart hat
- Leak proof drink bottle full of water
- Sunscreen
- Camera (optional – you will be responsible for keeping your camera safe during camp)

Clothes - In addition to wearing sensible and comfortable camping clothes to school on Thursday, children should bring the following:

- Pyjamas
- Underwear (2 sets)
- Socks (2 pairs, dark colours are best)
- Two pairs of track pants/leggings/long pants/shorts - longer pants are recommended especially for night activities. Short shorts **are not** appropriate camp attire.
- Two t-shirts/long sleeve t shirts (no tank tops or singlets, your shoulders must be covered)
- One warm jumper/hoodie
- 1 pair of **lace up** shoes suitable for physical activity (thongs and open shoes are not suitable)
- Wind-proof or rain jacket

Other Essentials

- Pillow, pillow case and 2 sheets **OR** Pillow, pillow case and sleeping bag (Birrigai provides blankets only)
- Bath towel
- Toiletries: toothbrush, toothpaste, hair brush, shampoo, soap, deodorant (roll on only), hair ties (long hair should be tied back each day)
- 1 garbage bag for dirty clothes
- **DO NOT BRING ELECTRONIC DEVICES, INCLUDING MOBILE PHONES**
- **NO LOLLIES, CHEWING GUM OR EXTRA FOOD – BIRRIGAI IS A NUT FREE SITE**

Medication

Please ensure that any medication your son/daughter requires on camp has been listed on the camp medical form. There are extra medical forms at the front office if you need to update your child's information.

Please note that schools do not carry Panadol/Nurofen in first aid kits. If you think your child may require either of these, please ensure you send it to camp and that it is handed to the First Aid Officer. You will also need to ensure that you have ticked the box on the medical form that will allow us to administer either of these medications.

When packing the medication your son/daughter requires please remember to:

- Leave all medication in the original packaging if possible.
- Place all medication into a zip lock bag
- Clearly label the zip lock bag with your child's name

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- Include a note in the zip lock bag that clearly states you give permission for the designated First Aid Officer to administer each medication. This note also needs to outline the dosage and the times each medication needs to be given.
 - **An example** of this note is below:

I give permission for the designated First Aid Officer to administer the following medication/s to (insert your child's name here) while on camp

Visine: two drops in each eye before breakfast and two drops in each eye before bed

Panadol: one table every four hours for a headache

Signed:

Date:
- If possible, parents/carers are asked to bring their child's medication to school prior to camp day and give it to Jess at the front office anytime between Monday 13 September and Wednesday 14 September. This will avoid any delays in being able to depart on time on the day of camp.
- If you are unable to drop off your child's medication prior to camp day, then students are to hand their medication to a teacher before getting on the bus for camp.

Permission to Administer Medication on Camp
(To be included in labelled Zip lock bag)

I give permission for the designated First Aid Officer to administer the following medication/s to _____ (name of student) while on camp

Name of medication, dosage, purpose and how often _____

Signed: _____

Date: _____



Birrigai means laughter in the language of the Ngunnawal people

Allergens / Food Restrictions List

IMPORTANT INFORMATION – PLEASE NOTE THE FOLLOWING

This form is to be completed by the primary caregiver of students, or by visiting adults in respect of themselves, who have specific dietary requirements related to medical conditions, identified food allergies and/or cultural food restrictions only.

This form is to be returned directly to the school along with the camp permission note/s.

Please note this form will be provided to the Birrigai Catering Team Leader who will use the information provided to ensure the student's dietary needs are met.

STUDENT NAME:

SCHOOL / GROUP:

Macquarie Primary School

DATES ATTENDING BIRRIGAI:

Thursday 16 September – Friday 17 September 2021



| Food List | Allergic | Anaphylaxis | Culturally restricted | Allergen Details / Other Comments | |
|-------------------------|---|---|---|---|---|
| Citrus | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Coeliac | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Cow's Milk | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Please select tolerated milk alternative *Note almond milk is not available | <input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> No alternative |
| Egg (white and/or yolk) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |





Birrigai means laughter in the language of the Ngurnnawal people

| Food List | Allergic | Anaphylaxis | Culturally restricted | Allergen Details / Other Comments |
|-------------------------------|---|---|---|--|
| Gluten | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Kiwifruit | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Mango | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Melon | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Nut allergy | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Seafood (including shellfish) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Sesame | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Soybean | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Vegan | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Vegetarian | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Halal | N/A | N/A | Beef: Yes <input type="checkbox"/> No <input type="checkbox"/> Pork: Yes <input type="checkbox"/> No <input type="checkbox"/> Chicken: Yes <input type="checkbox"/> No <input type="checkbox"/> Lamb: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other not listed | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Please provide name of allergen/s - - - |

