

Braidwood Central School 46 Wilson Street BRAIDWOOD NSW 2622

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Principal: Ms Nerida Mosely 30 October 2023

YEAR 7/8 CAMP 2024

Dear Parents/Carers

The Stage 4 Year 7/8 students will be going on an excursion to the Sydney Academy of Sport and Recreation Centre, Narrabeen from Monday 19 February to Wednesday 21 February 2024. The camp aims to focus on the outdoor environment, social connections, build comradeship and teamwork between the students and strengthen self-confidence and self-leadership within individuals. Age specific activities have been selected to encourage teamwork and the growth of positive social relationships between classmates.

COST: The normal cost for this camp is \$480, however the school will be subsidising the cost

by \$50 reducing the cost for this camp is \$430. A Deposit of \$100 is due by Wednesday 13 December 2023 with full payment required by Friday 9 February 2024. Full refunds can only be given in unavoidable circumstances such as illness.

Payment plans can be arranged.

MEALS: Please bring lunch and a drink for the first day, all other meals are provided.

TRANSPORT: Depart from Braidwood Central School at 9.00am Monday 19 February and return to

BCS at 4.30pm Wednesday 21 February 2024. Travel will be by Braidwood Buses. You are advised to be at the pick-up point at least 10 minutes prior to the agreed time.

Letisha Salzke

DRESS: Students will need to wear casual clothing for all types of weather as well as sturdy

walking shoes and 30+ sunscreen.

REQUIREMENTS: Toiletries, clothes etc for 3 days (but keep luggage to a minimum). A full kit list with

other information will be available early in Term 1 2024.

Please return the permission note and deposit required by 13 December 2023, medical form and full payment to the front office by Friday 9 February 2024.

Yours sincerely

Nerida Mosely

Principal Relieving Deputy Principal

YEAR 7/8 2024 CAMP – Sydney Academy of Sport and Recreation

Please return with the \$100.00 Deposit to Front Office by Wednesday 13 December 2023

I do/do not consent to _ Sydney Academy of Spo	rt and Recreation on Monday	of Year 7/8 participating in an excursion to the 19 February to Wednesday 21 February 2024 .
on the medical form): _		ding dietary requirements (please provide full details
		edical treatment in case of emergency.
I am aware that there is	no personal injury insurance co	over provided by the DEC for school activities.
I am aware that if notes	and money are not returned by	y the due date the excursion may be cancelled.
Name:(please print)	Signature:	Date:
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YEAR	7/8 CAMP – Sydney Acad	emy of Sport and Recreation
Please return v	vith the final payment to	Front Office by Friday 9 February 2024
	Wednesday 21 February 2024.	Sydney Academy of Sport and Recreation on
Name:(please print)	Signature:	Date:

Braidwood Central School Consent and Medical Information 2024

Stu	tudent Surname:				
	iven Names:				
	arent/Guardian name in full:				
	ddress:				
	ostcode: Home Phone:				
	ge: DOB: Gender: _				
	Medical Inform				
Ple	lease answer the following questions				
1.	. Is your child in good health		Yes / No		
2.	. Does your child suffer from any chronic illness or disability		Yes / No		
	If yes, what nature		-		
3.	. Has your child suffered from any acute illness during the p	ast four weeks	Yes / No		
	If yes, state the nature of the illness		_		
4.	Is your child taking any mixture, tablets or any other form of medicine at present?				
	If yes, and the medication has been prescribed by a doctor, please write full instructions				
	and clearly label medication with child's name, dosage and	d dosage times.			
			_		
_			-		
5.					
a)	• 1 1000/00 10 000 000 000 000 000 000 00				
b)					
c)					
d)					
e)					
f)					
	If yes, give details		-		
	Does your child wet the bed?		- Yes / No		
	If yes, how often?				
6.			- 0		
7.		edical or other reasons?			
	The there any roods that your child culliot consume for the	edical of other reasons:			
8.	Are there any activities that your child cannot participate i	n?			
Me	ledicare No: No on Ca	ard: Expiry Date: _			
Priv	rivate Health Insurance Fund:	Policy Number:			
	oes your private health insurance <u>include</u> ambulance cover?		Yes / No		
Fan	amily Doctor: Ph	none Number:			
	ddress:				
Sigi	gned:(Parent/Caregiver)	Date:			
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Privacy notice

Note: A Privacy notice must appear on all forms issued by the Department used for collecting personal information. A Privacy notice will also need to be included on any electronic personal information data collection system.

For further information on privacy and the *Privacy and Personal Information Protection Act 1998* please see http://detwww.det.nsw.edu.au/directorates/leglserv/privacy2/privacy.htm.

Privacy - advice

It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.