



Braidwood Central School
46 Wilson Street
BRAIDWOOD NSW 2622
Phone: 02 4842 2249
Email: braidwood-c.school@det.nsw.edu.au

Principal: Ms Nerida Mosely
28 June 2024

YEAR 5/6 CAMP 2024

Please return completed permission slip with the \$20.00 Deposit to the Front Office or via Compass by Friday 5 July 2024

Dear Parents/Carers


The Stage 3, Year 5 & 6 students will be going on an excursion to Berry Sport and Recreation Centre from Monday 16 September to Wednesday 18 September 2024.

- COST:** The cost for this camp is \$435.00. **A deposit of \$20 is required by Friday 5 July** and full payment required by Friday 23 August 2024. We would encourage parents to pay off the excursion in regular instalments to help make the overall payment manageable. Full refunds can only be given in unavoidable circumstances such as illness, with a medical certificate provided.
- PAYMENT SCHEDULE:**
- Deposit:** \$20 due Friday 5 July
 - Instalment two:** \$150 due Friday 26 July
 - Instalment three:** \$150 due Friday 9 August
 - Final Instalment:** \$115 due Friday 23 August
- DATE:** Monday 16 September to Wednesday 18 September.
- TIME:** Depart from BCS at 8:00am (Monday) and returning at 3:00pm (Wednesday). You are advised to be at the pick-up point at least 15 minutes prior to the agreed time.
- MEALS:** Please bring recess and a drink for the first day, all other meals are provided.
- TRANSPORT:** Travel will be by Braidwood Buses.
- DRESS:** Students will need to wear casual clothing suitable for all types of weather as well as sturdy walking shoes, a hat and 30+ sunscreen.
- REQUIREMENTS:** Toiletries and clothing for 3 days (but keep luggage to a minimum). A full kit list with more information will be available early in Term 3.
- STAFF:** Ms Adele Clark & Mr Jolon Nettelbeck


Parents are required to complete the following link to register your child by Friday 26 July 2024:

<https://officeofsport.ungerboeck.com/prod/emc00/register.aspx?eid=UUx3K2lIR2hISEJFU1YvOFF3QmlBQT090>

Yours sincerely


Nerida Mosely
Principal


Kim Glenday
Deputy Principal


Adele Clark
Class Teacher

YEAR 5/6 2024 CAMP – Berry Sport and Recreation Centre

Please return completed permission slip with the \$20.00 Deposit to Front Office or via Compass by Friday 5 July 2024

I **do/do not** (please circle) consent to of Year 5 or 6 participating in an excursion to **Berry Sport and Recreation Centre** on **Monday 16 September** to **Wednesday 18 September 2024**.

My son/daughter has the following special needs including dietary requirements (please provide full details on the medical form attached):

I **give/do not give** permission for my child to receive medical treatment in case of emergency.

I am aware that there is no personal injury insurance cover provided by the DEC for school activities.

I am aware that if notes and money are not returned by the due date the excursion may be cancelled.

In relation to any proposed structured aquatic activities (please circle response):

My Child is **not permitted** to go in the water.

My Child _____ in Year _____ is **permitted** to go in the water.

My Child is (please circle response):

A non-swimmer: My child is unable to swim.

A weak swimmer: My child is comfortable and confident in shallow water but cannot swim very well.

An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water.

A strong swimmer: My child is a strong swimmer and is very confident in deep water.

Name: _____ Signature: _____ Date: _____
(please print)

YEAR 5/6 2024 CAMP – Berry Sport and Recreation Centre

Please return completed permission slip with the \$20.00 Deposit to Front Office or via Compass by Friday 5 July 2024

I **do/do not** (please circle) consent to of Year 5 or 6 participating in an excursion to **Berry Sport and Recreation Centre** on **Monday 16 September** to **Wednesday 18 September 2024**.

My son/daughter has the following special needs including dietary requirements (please provide full details on the medical form attached):

I **give/do not give** permission for my child to receive medical treatment in case of emergency.

I am aware that there is no personal injury insurance cover provided by the DEC for school activities.

I am aware that if notes and money are not returned by the due date the excursion may be cancelled.

In relation to any proposed structured aquatic activities (please circle response):

My Child is **not permitted** to go in the water.

My Child _____ in Year _____ is **permitted** to go in the water.

My Child is (please circle response):

A non-swimmer: My child is unable to swim.

A weak swimmer: My child is comfortable and confident in shallow water but cannot swim very well.

An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water.

A strong swimmer: My child is a strong swimmer and is very confident in deep water.

Name: _____ Signature: _____ Date: _____
(please print)

YEAR 5/6 2024 CAMP – Berry Sport and Recreation Centre

**Please return with the \$150.00 Instalment #2 to Front Office or via Compass by
Friday 26 July 2024**

**Student: _____ Berry Sport and Recreation Centre on Monday
16th September to Wednesday 18th September 2024.**

YEAR 5/6 2024 CAMP – Berry Sport and Recreation Centre

**Please return with the \$150.00 Instalment #3 to Front Office or via Compass by
Friday 9th August 2024**

**Student: _____ Berry Sport and Recreation Centre on Monday 16
September to Wednesday 18 September 2024.**

YEAR 5/6 2024 CAMP – Berry Sport and Recreation Centre

**Please return with the \$115.00 Instalment #3 to Front Office or via Compass by
Friday 23rd August 2024**

**Student: _____ Berry Sport and Recreation Centre on Monday 16
September to Wednesday 18 September 2024.**

Braidwood Central School Consent and Medical Information 2024



Student Surname: _____

Given Names: _____

Parent/Guardian name in full: _____

Address: _____

Postcode: _____ Home Phone: _____ Work Phone: _____

Age: _____ DOB: _____ Gender: _____

Medical Information

Please 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 past 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? Yes / No

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 dosage times.

5. Does your child suffer from (please circle)

a) **ANAPHYLAXIS**

b) Asthma OR *any allergic conditions?*

c) Skin conditions?

d) Diabetes

e) Epilepsy, fits/blackouts

f) Adverse reaction to drugs (medications)

If yes, give details _____

Does your child wet the bed? Yes / No

If yes, how often? _____

6. Is your child up to date with immunisation? Yes / No

7. Are there any foods that your child cannot consume for medical or other reasons?

8. Are there any activities that your child cannot participate in? _____

Medicare No: _____ No on Card: _____ Expiry Date: _____

Private Health Insurance Fund: _____ Policy Number: _____

Does your private health insurance include ambulance cover? Yes / No

Family Doctor: _____ Phone Number: _____

Address: _____

Signed: _____ Date: _____

(Parent/Caregiver)

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

The information provided on **28 June 2024** by **Braidwood Central School** is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about **student name**who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with **Braidwood Central School**.

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.