

## Years 3-6 Cooba Camp

7 August 2020

Dear Families

The following details relate to an educational camp to Cooba Sport and Education Centre. Attending camp is a powerful enrichment opportunity for all children involved. While staying away from home, children are given the opportunity to strengthen friendships, develop problem-solving and collaboration skills and engage in authentic learning experiences beyond the school community. Camp activities will challenge children to use their communication skills and demonstrate their resilience and persistence. At Margaret Hendry School we recognise camp as part of the core learning program and encourage all children to attend. If you would like to speak with someone regarding your child attending the camp please contact the school.

Details of the excursion are as follows:

<b>Date:</b>	Wednesday 21 October – Friday 23 October (Week 2, Term 4)
<b>Time:</b>	Students to arrive at 7:30am Departing 7:45am Wednesday 21 October Returning approx. 3:00pm Friday 23 October
<b>Destination:</b>	Cooba Sport and Education Centre, Berridale, NSW
<b>Cost:</b>	\$325.00 per student (if you have already paid your \$50.00 deposit, please minus that from this cost).
<b>Travel:</b>	Group Charters
<b>Clothing and Equipment</b>	Packing list and activity schedule will be provided closer to the date
<b>Food arrangements:</b>	Students must bring their own morning tea, lunch and afternoon tea for the first day, dinner will be provided Second day onwards Cooba will provide breakfasts, lunches and dinners
<b>Teachers:</b>	Charlotte Kewley, Sarah Drew, Selina Davill, Alex Cleary, Learning Support Assistants TBA
<b>Teacher to student ratio:</b>	1:20
<b>Maximum number of students attending</b>	80

**NOTE /MONEY NEEDS TO BE RETURNED BY: Wednesday 9 September 2020. Notes cannot be accepted after this date. PAYMENT CAN BE MADE IN INSTALMENTS. Payment in full must be received prior to departure unless a payment plan has been agreed to by the school. If you would like to discuss a payment plan, please do not hesitate to contact Tanya in the Front Office.**

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.

The coordinating teacher is Selina Davill. The staff will be carrying a mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. The staff will also carry a First Aid Kit.

Unacceptable behaviour will be treated as it is normally treated at school. 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. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.



## PERMISSION SLIP – Years 3-6 Camp Cooba

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Free ambulance transportation only applies in the ACT
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.

I (family member) \_\_\_\_\_ hereby give permission for my child

(name) \_\_\_\_\_ to attend the Cooba Sport and Education Centre from  
Wednesday 21 October – Friday 23 October, 2020 travelling by bus.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I enclose \$.....  Cash  Cheque  Quickweb (Visa/Mastercard)  Direct Payment

**Quick Web Payments** – <https://www.education.act.gov.au/Margaret-Hendry-School/payment>

Fee Code: **3-6CAMP2020**

### Direct Payment details:

**Account** – Margaret Hendry School **BSB** - 032777 **A/C Number** - 002802

Reference on direct deposit required i.e. *child's name* M. Bloggs *Fee code:* 3-6CAMP2020

For overnight camps we are required to fill in an Excursion Medical Information and Consent form. Please find the form attached and return it to the school with this permission note.

If your child requires medication whilst on camp, please see our friendly front office team for further information.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions, 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 participate in the excursion. 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. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. 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](http://www.det.act.gov.au)) on the About Us page.

100 Sutherland Crescent, Taylor ACT 2913  
Phone: (02) 6142 2800

We pay respect to the United Ngunnawal Elders Council and to the Elders both past and present of the Ngunnawal Nation for they hold the hopes and dreams for the future of the ACT and surrounding region.

## Excursion Medical Information and Consent Form

Dear Families

I am attaching an Excursions 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 this form is accurate and current, you are requested to advise the school immediately of any changes that should also be reflected on the General Medical Information and Consent form kept at the school and arrange to update the form.

### **Management of Medical Conditions**

The department 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, departmental policies require principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

### **First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy**

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, or epilepsy, 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**

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. Free ambulance cover does not apply to students in the Jervis Bay area of 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 would be appreciated.

Yours faithfully

Kate Woods

Principal

Date: 11/ 8 / 2020

**EXCURSION MEDICAL INFORMATION AND  
 CONSENT FORM**

**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 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/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

**Personal Details**

Student's Name:		Date of Birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> 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 No:		Membership No:	
Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.					

Please tick if your child suffers any of the following:

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> allergies              | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis            | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma                 | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) |   |  |  | <input type="checkbox"/> sun screen sensitivity |

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If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

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 <input type="checkbox"/> No <input type="checkbox"/>
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		
Is the student presently taking any medication?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: 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 students name, dosage and frequency of administration.):		
I consent to my child receiving paracetamol for temporary pain relief?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any physical or psychological limitations of your child? Please give details.		
Is there any other information which you believe may help us to provide the best possible care?		

**Consent to medical attention:** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed