



Mawson Primary School

莫森小学

Ainsworth Street Mawson ACT 2607
P: 6142 2700

E: info_mawsonps@ed.act.edu.au www.mawsonps.act.edu.au



Year 5/6 Camp 2021 Monday 11th of October – Wednesday 13th of October

Dear Parents/Carers,

In Term 4 students in Year 5 and 6 Year 6 will have the opportunity to attend camp at Cooba Sport and Education Centre which is located near Berridale in NSW. While on camp, students will participate in a varied and exciting educational program. On a personal level being away from home, on camp, is an experience that students will never forget, enabling them to bond with and work co-operatively with others. Camp Cooba offers a unique mixture of age appropriate activities that support our Health and Physical Education, HASS and Environment Education units in Term 4. In small groups the students will take part in a range of team building activities including rock climbing, low ropes course, obstacle courses and Mountain Bike & Pump Track.

This is an exciting educational program that will build team work skills and challenge students thinking as we take learning into an outdoor setting. **We would like as many students as possible to participate in and benefit from this camp.**

The cost of the camp will be \$330. **This is the cost for a minimum of 60 students. We need 60 students attending this camp at the current costing.**

Please return permission notes and pay a \$50 deposit by Friday 19 April to enable us to secure a booking at the venue.

Classes Attending:	Year 5 and 6 students
Venue:	Cooba Sport & Education Centre Cooba Sport & Education Centre, Berridale, NSW
Time and date of departure:	8:00am Monday 11 th of October, 2021
Time and date of return:	Leaving Cooba at 1:15pm, Arriving at Mawson approx. 3:30 pm Wednesday 13 th October
Mode of Transport:	Coach bus
Coordinator	Fenella Glynn
Cost:	Total - \$330 per student based on 60 students attending
Emergency Contacts:	Camp Cooba Phone – 02 6456 4260 Mawson Primary – 61422700 during office hours to pass on a message Please note that mobile reception may be limited
What to bring:	A packing list, provided by Camp Cooba will be given in Term 3. Please note that students must bring pillows and own linen. No money, food, electronic music or games devices are to be brought to camp.
Other Information:	If you have any queries, please speak with your child's teacher.

**Fenella Glynn
Camp Coordinator**



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PERMISSION FORM AND PAYMENT DETAILS

YEAR 5 & 6 3 day camp to Cooba

Monday 11th of October – Wednesday 13th of October

Please sign and return this *Permission form, the Excursion Medical Information and consent form* with your payment by.....

I give permission for my child _____ Class: _____ to attend the Year 5/6 Camp Cooba on Monday 11th of October till Wednesday 13th of October. The cost of the camp is \$330. Please tick one.

- I will make payments through the three instalments Initial deposit by 19 April 2021 and two subsequent payments of \$150 on the 3rd June and \$130 9th September 2021.
- I have paid my \$50 deposit and understand the remaining balance must be paid no later than by Thursday 9th of September (Week 9 term 3)
- I enclose \$330 being the full cost of the camp.
- My child _____ will not be attending the Camp Cooba in 2021.

Please note:

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 risks to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. In the event of inappropriate behaviour, students may be excluded from the camp and parents may be requested to collect their child from the camp.

I understand that my child's attendance is subject to the completion of this permission form and required medical forms. **If your child's medical condition changes, please inform the school in writing before camp.**

The school has made every effort to keep costs for this activity at a reasonable level. Financial assistance may be available to assist families who are not able to make the requested contribution. Please contact the Business Manager. If, however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.

NOTE: Excursions are an optional enrichment activity and parents are expected to cover the costs incurred. If your child is not able to attend on the day, refunds may not be available for some or all of the costs.

Signed: _____ **Date:** _____



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Mode of Payment: Year 5/6 Camp Cooba Excursion

NB: Please place *payment only* inside an envelope, clearly marked with your child's name and class and **return to your child's classroom teacher**. Please contact Narelle in the Front Office if you wish to arrange a payment schedule.

Child's Name: _____ Class: _____

Direct Deposit: BSB: 032 777 Account No: 001623 Identifier: **COOBA** Cost: \$330.00

Quickweb via <http://www.mawsonps.act.edu.au/payment> (Please use your **CHILD'S NAME** and **COOBA** as the identifier)

Receipt Number: _____

Please debit my MasterCard Visa Amount \$330.00

Card number:

Cardholder's name: _____ **Expiry date:** /

Signature: _____

*To minimise the handling of cash we request that, where possible, you pay online or via EFTPOS at the Front Office.



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**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/Class:	Camp/Excursion:		Year 5&6 Cooba Camp			
Parent/Carer:							
Address:							
Contact Telephone Nos							
<i>Business Hours:</i>		<i>After Hours:</i>		<i>Mobile:</i>			
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 |

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 _____