



Springwood Public School

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In Darug and Gundungurra Country



23/08/2022

Year 5 Camp Yarramundi 2022

Dear Parents/Caregivers,

Thank you for your patience while we sort camp costs. Camp Yarramundi details have now been finalised and are below.

CAMP DETAILS

- Date:** Wednesday 23rd of November 2022 – Friday 25th of November 2022
- Location:** YMCA Camp Yarramundi
- Transport:** Seat belt equipped coaches through Near or Far Bus and Coach
- Times:** Be at school no later than 9.00am for 9:30am departure Wednesday 23rd of November
Arrive back at school 3:25pm Friday 25th of November.
- Program:** Activities may include ropes activities, archery, rock climbing, zip line, bushwalking, cave maze, orienteering, problem-solving. Please see the camp Yarramundi website for a full list of possible activities. Whilst activities often include canoeing, with the current weather situation there is every chance that the river will be unsafe to use when we attend due to damage. It does however remain a possibility.
- Cost:** **\$340** – The price is slightly higher than anticipated as year 5 will require 2 coaches. This price includes a non-refundable portion of \$35 to cover each student's place on the coach. ***Final payment will need to be made before 3:25pm on Friday 11th of November.*** If full payment is not received by this date the student will not be able to attend camp and the non-refundable deposit will be forfeited. Please contact your child's classroom teacher or the office prior to this date if there is a problem with payments and we will assist, where possible. Regular Partial payments (like a layby) over the next few weeks/months are encouraged to ensure the final payment is made by the due date.

Medical/Dietary Needs: Please complete the attached medical note and return to school before Friday 16th September (Friday, Week 9, Term 3)

What to bring: A note will be sent home closer to the camp.

Behavioural expectations:

Students who are unable to follow the school's discipline code will put their place at camp at risk. Put simply, if a student cannot be trusted to behave in a respectful, responsible manner at school, then they cannot be trusted to be safe away from the school. Any student who is suspended prior to camp will have their invitation to camp revoked and will, instead, remain at school.

Please sign and return permission notes for camp below.

Kind regards,

Stage 3 Teachers

Year 5 YMCA Yarramundi Camp – Permission to attend 2022

I give permission for my child _____ of class _____ to attend the YMCA Yarramundi Camp and participate in all activities covered in the program. I understand that students will be supervised by Springwood PS staff as well as Camp Staff. Travel will be by seat belt equipped coach. I understand that the following will need to be completed in order for my child to attend camp:

- The full payment of **\$340** must be received before 3:25pm on Friday 11th of November. Dietary and medical information form will be completed by Friday 16th September.
- My child will need to maintain appropriate behaviour at school prior to camp.

This excursion is approved by the principal and attending staff have completed all appropriate mandatory training.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education’s policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders. For further information on the risk of exposure, refer to NSW Health’s Information for people exposed to COVID-19

Parent/Guardian Name _____


Parent/Guardian Signature _____

Date _____

Child’s Name _____ **Class** _____

Event : YEAR 5 CAMP – YARRAMUNDI 2022 (\$340) – FINAL PAYMENT DUE 11TH NOVEMBER 22

OPTION (A) I HAVE MADE AN ONLINE PAYMENT.

 WESTPAC RECEIPT NO. ISDATE...../...../.....

NB: Internet payments need to be received before 6pm at least 24 hours prior to the closing date of excursions. The school website for payment is: www.springwoodpublicschool.com or through the Skoolbag application on your smart phone.

OPTION (B) CHEQUES made payable to: SPRINGWOOD PUBLIC SCHOOL

OPTION (C) I have enclosed cash totalling \$ _____

Medical & Consent - Student



Name of Student:					
Address:					
Age:	D.O.B:	/ /	Sex:	Height:	Weight:
Emergency Contact:	Name:				
	Phone:	(hm)	(wk)	(mob)	
Medicare Number:	No. on Card:	Ambulance Cover: Y / N :			
Private Medical Cover; Y / N:	(details)				
Doctor's Name:	Phone:				
Does your child suffer from: any chronic injury or illness ? Y / N: _____ (details)					
: Asthma ? Y / N : Triggers: _____ (details)					
Does your child have any allergies ? (eg drugs, food, plants) Y / N: _____ (details)					
Does your child suffer from: Heart Problems ? Y / N: _____ (details)					
: Blood Pressure ? Y / N: _____ (details)					
Does your child have any emotional / behavioural disorders ? Y / N Phobias ? Y / N					
If yes please specify:					
Does your child require medication ? Y / N May we administer Paracetamol if required? Y / N					
Has your child been ill or required medical attention in the last four (4) weeks ? Y / N					
If yes please specify:					
If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.					
Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor)					
Does your child: Wet the Bed ? Y / N Sleepwalk ? Y / N Suffer travel sickness? Y / N					
How would you rate your child's swimming ability ?					
Unable - Nothing more than dog paddle Poor - Basic strokes, only limited strokes beyond domestic swimming pool					
Good - Strong swimmer, able to swim confidently in a variety of water conditions					
Excellent - Very strong and confident, could swim 50 mtrs fully clothed (Please give details of swimming certificates attained eg Bronze Medallion)					
Special Dietary Requirements ?					
Activity Restrictions ? See attached list.					
Nb/ Activities are chosen to suit the age and ability of campers					
Campers will not have sufficient time to do all activities					
If there is insufficient space please attach separate page with details					

PARENT or GUARDIAN CONSENT

As parent / guardian I understand that the YMCA NSW and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child / ward's participation in activities of a hazardous nature, though the YMCA NSW and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward, that may place him / her at greater than normal risk. I authorise the YMCA NSW and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child/ward need to be returned home for any reason I will cover any associated costs.

I consent to my child/ward attending camp on this understanding.

Signature of Parent / Guardian

Full Name of Parent / Guardian

Date