**3/4 Birrigai Outdoor Excursion**

**20th and 21st of November, 2024**

10/09/2025

Dear Parents/Guardians,

 Our 3/4 students Outdoor Education Days are coming up in Term 4. These days provide a wonderful opportunity for students to forge strong relationships, challenge themselves, work cooperatively and most importantly, have an incredible amount of fun. We want all 3/4 students to attend and can provide financial assistance as required.

This year, our 3/4 Outdoor Education Days will take place at Birrigai on Wednesday the 20th and Thursday the 21st of November. The intention is that our student’s energy can be focused on the amazing personal growth opportunities provided during the day.

Birrigai is located one hour south of Canberra at Tidbinbilla Nature Reserve. Birrigai is a school within the ACT Education Directorate with teachers and staff. Their staff are highly trained educators and go out of their way to ensure that all students are included in a broad range of science and environmental learning and fun, exciting, challenging activities. Some of the activities include nature walks, which link to our inquiry learning, giant swings, rope courses, and team building games. We have participated in all of these activities in past years and we ensure that safety and supervision are paramount. We have completed all risk assessments and met all staffing ratios that are required.

**Please note – if your child requires any medication to be administered to them while on this excursion OR has food allergies, you must outline this in the medical information form. Staff will not be able to administer medication that has not been outlined in the medical forms. It is important this is disclosed so medication registers can be prepared prior to leaving.**

We have colour-coded each form and included a checklist in the to action section in the information form, to ensure all forms have been read and completed. Please return the completed forms to your child’s teacher by **Friday 25th October 2024** and don’t hesitate to contact us if you  have questions.

Aidan Tandy

3/4 Team Leader

`**3/4 Birrigai Outdoor School EXCURSION INFORMATION FORM**

|  |  |
| --- | --- |
| **When** | 20th and 21st November 2024  |
| **Where** | Birrigai Outdoor School, Tidbinbilla Nature Reserve ACT |
| **Time**  | Buses leave at 9:15am each morning, please be at school no later than 8:45am. Buses leave Birrigai at 5:00pm and arrive back to school at around 5:45pm each afternoon. Please collect your child outside the Condamine Street office and have their name marked off our rolls. If you are organizing alternate arrangements for collection this MUST be provided in writing BEFORE the day.  |
| **Cost** | **$132.00**You may notice that the cost for this excursion is less than in previous years. The **Turner School P&C** is generously covering the cost of the transport element for this excursion.  |
| **To action** | Please return signed permission form, signed student behaviour agreement, and signed Medical form. Please make sure page 2 of the medical form is completed and signed.ALL forms MUST be returned for EVERY child.  |
| **What to bring / wear****Please label with students’ name clearly.**  | Turner School Uniform Comfortable shoes Reusable drink bottle Sunsmart HatSunscreen |
| **Food** | Lunch is included in the overall cost. Please pack some morning tea/fruit break and afternoon tea. We request no bags of lollies/chocolates, no nut products and a reminder about not sharing food.  |

The ACT Government has provided each school with an equity fund to support student attendance on excursions and participation in school activities where payment is difficult. Please contact the school if you would like to access this fund for your child or organise a payment plan. All requests are confidential.

***The Department of Education Directorate does not provide any insurance cover for injury, disease or illness to students resulting from school activities or school organised excursions. You should be aware that there is no insurance cover for personal injury if your child is injured during the activity/excursion and should consider whether taking out personal insurance cover for your child is warranted. This insurance might cover contingencies such as medical/hospital expenses, ambulance transport outside the ACT, cancellation of transport/accommodation or loss of /damage to luggage.***

**Food Requirements**

Please complete this section if your child has any special food requirements whilst on camp. Cooba has informed us that they are unable to supply meals that are kosher or halal.

**Special dietary requirements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3/4 Birrigai Outdoor School**

**EXCURSION PERMISSION FORM**

Dear Parent/Guardian,

The following details relate to an education excursion to **Birrigai Outdoor School.**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the **Birrigai Outdoor School** on **Wednesday the 20th of November and Thursday the 21st** of November travelling to and from the excursion bybus. I understand that this is **NOT** an overnight excursion and will need to collect my child from school both afternoons at approximately 5:45pm.

1. I authorise for the teacher in charge 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 action made by the teacher in charge.
2. I agree that should my child's behaviour be such that the teacher in charge considers it warranted to return my child home, this will be done at the expense of the parent/guardian.
3. I agree to my child travelling by private car, driven by a staff member or parent as the case may be, if the need for such travel arises.

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 that may occur on an excursion where, in all circumstances, staff members have not been negligent. Parents should advise children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I have read the above information and understand what it entails.

**FULL NAME OF PARENT/GUARDIAN (Please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNED PARENT/GUARDIAN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**PHONE & EMERGENCY CONTACT NUMBERS OF PARENT/GUARDIAN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form requests information about students that will be held by the school. This information may be disclosed to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education Directorate.

PAYMENT INFORMATION- Cost $132.00

I enclose $…………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Payment | Cash  | Cheque  | Internet transfer  | QuickWeb  |
|  (Payable to Turner School)  | BSB: 032777 | FEECODE: 3/4CAMP |
|   |  |  | Account No: 001850Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Receipt Number: \_\_\_\_ |



**3/4 Birrigai Outdoor School**

**Student Safety and Behaviour Agreement**

10th September 2024

Dear Parent/Guardian,

We are thrilled to be taking your child to the Birrigai Outdoor School. We recognise that excursions such as this provide a rich learning experience that complements our work in the classroom perfectly. To ensure that the excursion is a success we are asking that all students attending sign a safety and behaviour agreement form. Please discuss this form with your child and if you have any questions regarding this form or the excursion please don’t hesitate to contact the school.

* I agree that I will behave in a safe, courteous and cooperative manner while on the excursion, always remembering Turner’s SCARFF values.
* I will listen to and follow instructions carefully for my own safety and that of others.

I have read the above information and understand what it entails.

**FULL NAME OF STUDENT (Please print)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNED PARENT/GUARDIAN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**SIGNED STUDENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_



#### Letter to Parents

#### Excursion Medical Information and Consent Form

Dear Parents

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



Allison Edmonds

|  |  |
| --- | --- |
|  | 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: | 🞏 M 🞏 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: |
| 🞏 allergies | 🞏 blood pressure | 🞏 epilepsy | 🞏 hayfever | 🞏 nose bleeds |
| 🞏 anaphylaxis | 🞏 diabetes | 🞏 fainting | 🞏 headaches | 🞏 reaction to drugs |
| 🞏 asthma | 🞏 eczema | 🞏 fits or blackouts | 🞏 heart condition | 🞏 sight/hearing problems |
| 🞏 other (please specify) |  |  | 🞏 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.*

**Please turn over and complete other side a signature is required on pg 2 of medical form.**

|  |  |
| --- | --- |
| 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 🞏 No 🞏 |
| 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 🞏 No 🞏 |
| 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 🞏 No 🞏 |
| 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.

Parent / Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_