22 May, 2017

YEAR 5 CURRIMUNDI CAMP

Dear Parent/Carer

Our Year 5 camp will be held at Currimundi Active Recreation Centre, 80 Currimundi Rd, Currimundi Qld 4551, from Wednesday 30 August to Friday 1 September. We will be travelling by bus departing at 9:00am on Wednesday and returning by 3:00pm on Friday. The bus is fitted with seat belts.

Cost: The cost of the camp will be $175.00 which covers camp accommodation, catering, activities and transport to and from Currimundi. A $55.00 deposit is required by Friday, 16 June. Payment may also be paid in full if preferred.

Activities: Mini Olympics, team challenge, fishing, high ropes, beach games, canoeing and circus skills. These activities are conducted by qualified staff.

Packing list: All the items are required. Please place this list in an obvious place at home and mark off items to ensure they are in your child’s luggage. Items must be placed in luggage that your child is able to manage by themselves.

Medical Information form and Activity Consent form: Attached to this letter is a Medical Information form and Activity Consent form that need to be completed and returned to the office with the deposit.

You will also need to complete a Request to Administer Medication form (available from the office) for any medication your child requires while on camp. All medication must be pharmacy labelled with the child’s name, dosage and time/s to be taken. Medication is to be given to the teacher on the morning of the excursion.

Payment: Camp fees can be paid in full or in instalments. If you are choosing to pay by instalments, the following dates apply after the $55.00 deposit due Friday 16 June.

- $60.00 due Friday 21 July
- $60.00 due Friday 18 August

All camp fees need to be finalised by Friday 18 August. Please contact the office should you have any difficulty meeting the instalment fee deadlines.

Yours sincerely

Roger Sheehan
Principal

Please return by 16 June
☑ Medical Information form
☑ Activity Consent form
☑ Deposit of $55 (or full payment)
Consent

YR 5 CURRIMUNDI CAMP

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

☐ I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education, Training and Employment does not have personal accident insurance cover for students.

☐ I give consent for my child, ___________________________________________ (print child’s name) in class __________ (print class details), to participate in the activity detailed above.

☐ I agree to pay to the school the costs detailed above for my child’s participation in the activity.

☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.

☐ I have provided the school all relevant details relating to my child’s medical or physical needs on enrolment and where relevant have updated this information.

☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child’s behalf.

Parent/Carer Name: ____________________________________________ (Please Print)

Parent/Carer’s Signature: __________________________  Date: __/__/____

Additional medical information

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child’s full participation in the activity described in the form.

______________________________________________________________________________________________
______________________________________________________________________________________________

You may also wish to provide the following information*:

Name of child’s medical practitioner: ____________________________ Telephone No.: ___________________

Medicare No: ____________________________

Private Health Insurance Company (if provided): ____________________________ Membership No.: ____________

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

☐ I would like this additional information about my child’s medical and physical details to be recorded in OneSchool records.

Privacy Notice

The Department of Education, Training and Employment is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records were necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld). The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.