



GLENHAVEN PUBLIC SCHOOL

Phone: 9634-3675 Fax: 9899-5911
74A Glenhaven Road, Glenhaven, NSW, 2156
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27 June, 2022

Dear Parents/Caregivers,

YEAR 6 – CANBERRA CAMP

Year 6 camp will commence on **Wednesday 31 August, 2022**. Planned student activities will include visits to The Royal Australian Mint, Australian Institute of Sport, Old Parliament House, National Gallery of Australia, Mount Ainslie Lookout and Parliament House. Students are reminded that they **are to be at school at 7:15am**.

Dates:	Wednesday 31 August – Friday 2 September, 2022
Transport:	Students will be travelling to and from the venue by seat-belted coach
Time:	7.15am for departure at 8.00am– the coaches will not be able to wait for late arrivals. <u>Bring morning tea, lunch and afternoon tea from home.</u>
Arrival Time:	It is estimated that we will be returning to school on Friday 2 September, 2022 at approx. 5.00pm
Lodging:	The Greenhills Centre, Cotter Road, Stromlo, Canberra
Cost:	Total cost of camp is \$379.00. The final payment of \$279.00 (including coach transport) is required to be paid in full by Friday 22 July, 2022.

Any medication must be clearly labelled with the child's name, class and dosage instructions. Medicines will then be collected by teachers prior to departure. Please ensure all medication is in its original packaging then placed in a clear zip lock bag.

Once at The Greenhills Centre, students will not be permitted to phone home. However, if an emergency arises and you wish to contact your child, they can be contacted on (02) 6288 1074.

What to bring: (Please ensure everything is labelled). It is a good idea to let the children pack their own bags so they know where things are and what they will need to pack to bring home. A good idea is to place the items on the bed and to make sure that all items are packed into the bag.

Own pillow Refillable water bottle Plastic cup (used for morning / afternoon tea and supper) Sleeping bag (thick and warm) Sunscreen / Insect repellent Beach towel Swimmers Tissues Small backpack (used as a day pack) Thongs for showers only Bath Towel Toiletries - toothbrush/toothpaste/soap/washer/comb/brush	Hat Warm Jacket Casual clothes – (It is important to dress in layers as days may be warm, however nights and mornings will be very cold.) T-Shirts, Sloppy Joe, track pants, beanie, gloves, shorts (no singlet's, minishorts or midriff tops) Pyjamas (perhaps a tracksuit) Underwear x 6, socks x 6 Raincoat / windproof spray jacket Closed shoes (2 pairs) - joggers and a spare pair, as shoes will get wet. These shoes will also need a spare bag to be kept in. Plastic bags (for wet clothing) Small amount of spending money for souvenirs – (\$20 maximum) Torch NO mobile phones including camera phones, MP3 players, iPods
NO lollies, chocolate or any peanut related items	

Please be advised that there is a risk of contracting Covid at any event. Under current government guidelines, each person participating in school camps are **encouraged to complete a RAT within 24 hours of attending the camp**. **If your child is identified as a household contact, they will NOT be able to attend camp**, even if they are not exhibiting any symptoms. If a student contracts Covid at camp they will need to be collected by a parent.

CONTACT DETAILS & MEDICAL INFORMATION

Name of School: Student Details

Glenhaven Public School

School Year: 2022

Surname: Given Names:

Address:

..... Postcode:

Date of Birth ____ / ____ / ____

Male Female

Parent/Guardian Details:

Please Circle: Mother/Guardian

Father/Guardian

Other Contact

Full name of Parent/Guardian:

Home Phone:

Work Phone:

Mobile Phone:

Medicare Number:

Position on Card: 1 2 3 4 5 6 Valid until:.....

Name on Card:

Ambulance Cover Yes No

Private Health Fund Name:

Health Fund member number:

Is your child in good health? Yes No

Does your child suffer from any Chronic Illness/Injury? Yes No

If yes, please specify:

.....

.....

Does your child require regular medication? Yes No

If yes, please specify:

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.....

Does your child suffer from any Allergies? Yes No

If yes, please specify:

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.....

In the event of an emergency, and I am unable to be contacted, I authorise my child receiving such medical treatment that is deemed necessary. I also undertake to cover any costs that may be incurred with any medical treatment received, ambulance transport and medication while my child is at Camp.

Students will be travelling by private coach. I also agree to my child travelling on these buses while at camp.

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.

Full Name of Parent Guardian:

Signature: Date ____ / ____ / ____



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MEDICATION/DIETARY REQUIREMENTS

School: Glenhaven Public School.

Student Name:

Time and Dosage – Please specify exact time of medication

Medication Name	Breakfast		Lunch		Dinner		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Regulations require that all medication must be provided in the original container.

Teachers will collect & administer all medication.

Has your child suffered from any Acute Illness in the past four months? Yes No

If yes, please provide details:

Has your child been treated by a doctor in the past four weeks? Yes No

If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.

Has your child had any major surgery? Yes No

If yes, please specify:

Is your child's Immunisation up to date, including tetanus? Yes No

If yes, what year was the last booster given?

Does your child wet the bed? Yes No

Does your child sleep walk? Yes No

Do you give permission for Panadol to be administered if required? Yes No

Does your Child have any **Dietary Requirements**? Yes No

If YES please specify:

Food not to be eaten

Reason e.g. allergy/religion

.....
.....
.....
.....

Rapid Antigen Test:

I give permission for my child to complete a Rapid Antigen Test (RAT) whilst at camp, if they or someone in their cabin / group develops symptoms.

(Please tick one :)

YES

NO If no is indicated and any students display symptoms where we are unable to complete a RAT, your child will need to be collected from the camp.

If my child contracts Covid at camp, I will collect them from the camp.

Parent/Guardian Signature:..... Date: ____ / ____ / ____