

# Bellingen Public School

William Street PO Box 42 Bellingen NSW 2454 Principal: Phones: Fax: Email:

Web:

Vanessa Cavanagh 02 6655 1147 02 6655 2615

bellingen-p.school@det.nsw.edu.au http://www.bellingen-p.schools.nsw.edu.au/

27th March 2024

# Year 5 Great Aussie Bush Camp

General Information, Permission/Consent, Medical and Dietary Requirement Note

Dear Parents/Carers,

This note outlines all the essential information needed for camp.

Please complete the Permission/Consent, Medical and Dietary Requirement Forms and return them to the school by **Wednesday 10th April 2024.** 

Location: The Great Aussie Bush Camp North Arm Cove Tea Gardens

When: Wednesday 19th June - Friday 21st June 2024

Depart from school: 8am (sharp) Wednesday 19th June 2024

We ask that you arrive with your child/children at least 15-20min prior to departure.

**Arrive back at school:** approx. 2:30-3pm **Friday 21st June**. It is asked that you be waiting at school for your child at this time. If someone else is picking up your child, please give them a written note explaining this and inform the Office. Parents will be notified via SMS when the bus is about 1hour out from arrival back in Bellingen.

Travel: Travel to and from camp will be by Jacaranda Coaches.

Teachers Attending: Miss Byrne, Miss Pitt and Lawrence Pastro

**Parent Information Afternoon:** All parents/Carers are invited to attend our Great Aussie Bush Camp Parent and Carer Information Afternoon on Wednesday 22<sup>nd</sup> May in the school library from 5:00-5:30pm.

Please read with your child the **camp guidelines** carefully. To maintain the safety and enjoyment of people involved, any student who breaches these guidelines may have their parents/carers contacted and asked to be collected from camp.

All accommodation, amenities and associated facilities are clean, comfortable and well maintained. The programs are fully catered with ample availability of nutritious and tasty food; special dietary requirements can be accommodated.

To assist families with the cost of the excursion, an application for school assistance can be made via an appointment with the Principal. Please contact the office to arrange. Periodic payments can be made throughout the year to assist families with budgeting via the School Bytes payment method.

Regards,

Nicky McFarlane

Assistant Principal Stage 3

Vanessa Cavanagh

Principal

Making learning meaningful, relationships positive and individuals successful.

# Camp Guidelines and Rules

Students should be aware of these Guidelines

- Never leave camp or an activity without permission.
- All activities must be supervised by a teacher and instructor.
- Listen to and follow instructor's guidelines.
- Closed in shoes and hats should be worn at all times.
- Respect male and female areas; enter no room other than your own.
- Respect the natural environment, use bins provided, don't damage the bush.
- No pocket knives, glass, valuables, electronic equipment, or mobile phones are to be brought to camp.
- Do not approach, or attempt to pat the wildlife.
- All accidents / damage to equipment must be reported.
- Wilful damage will be paid for by the individual(s) responsible.
- Do not eat or drink in tents / cabins / dorms.
- No chewing gum to be brought to camp.
- Respect others after lights out. There should be no need to leave your tents / dorms / cabins after lights out.
- Each group is responsible for the ongoing cleanliness of the room / tent.
- To avoid accidents please do not run around campsite areas.
- As a general rule, students will not be removed from activities as punishment. They may be given a 5 minute time out to reflect.
- Allocating extra duties or taking away free time may also be used as behaviour management strategies.
- We may exclude students whose behaviour could result in serious danger or distress to themselves or others. In extreme cases, after consultation with teachers, the parents / guardians may be contacted and the student/s will be sent home.

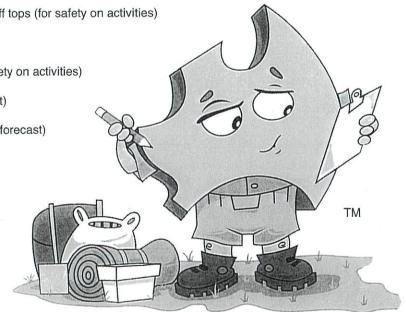
## Gear Checklist - Children (Based on a 3 day camp)

#### PLEASE CLEARLY NAME ALL ITEMS

# MEDICATION NEEDS TO BE GIVEN TO THE ORGANISING TEACHER

The checklist below is a guide only. It is a good idea for students to pack their own bags so that they can re pack for the trip home.

- Mess kit (plate, cup and fork) Non disposable
- Water bottle
- Raincoat (regardless of forecast)
- Hat or cap
- Sleeping bag (extra blanket in winter)
- Pillow
- Sunscreen
- 1 pair pyjamas (tracksuit in winter)
- Day pack (small backpack for water, sunscreen, etc)
- Torch (make sure it works before you leave home)
- Toiletries (including toothbrush!)
- Insect repellent
- 2 pairs of runners (1 old pair for water activities)
- Thongs only for going to and from showers
- 3 T-shirts needed, no singlet tank tops / midriff tops (for safety on activities)
- 3 sets of underwear
- 3 pairs of shorts NO MINI SHORTS (for safety on activities)
- 3 pairs of track pants (if cold weather forecast)
- 2 sloppy joes / windcheaters (if cold weather forecast)
- 3 pair socks
- Bath towel
- Beach towel and swimmers
- Optional camera, money for souvenirs
- Tissues / hankies
- Plastic bags for wet clothes / towel.





## Sample Menu

#### Day 1

Lunch Hamburger and Salad

Fruit / Drink

Afternoon Tea

Fruit / Cold Drink

Dinner

Spaghetti Bolognaise and Garlic Bread

Ice Cream

Supper

Hot Chocolate and Biscuits

## Day 2

Breakfast Variety of Cereals

Spaghetti, Baked Beans, Eggs, Pancakes

Toast and Spreads

**Morning Tea** 

Museli Bars / Fruit / cold drink

Lunch

Cold meat and salad sandwiches

Afternoon Tea

Fruit / Cold Drink

Dinner

Chicken Dish with Rice and Garlic Bread

Ice Cream

Supper

Hot Chocolate and Biscuits

## Day 3

Breakfast

Variety of Cereals

Spaghetti, Baked Beans, Eggs, Pancakes

Toast and Spreads

**Morning Tea** 

Fruit / Cold Drink

Lunch

BBQ Sausage or Hot Dog / Fruit / Cold Drink

This menu is used as a guide only; changes may be made at any time. Special Dietary requirements will be catered for when advance notice is given.



# Medical Form - Child

Name of School:	School year:				
	<b>■</b> ************************************				
Student Details:					
Surname: Given Names:					
Address:					
D (D.)	/ Mala	☐ Female ☐			
Postcode: Date of Birth:/	_/ Male	- Female -			
Parent / Guardian Details:					
Please Tick ✓: Mother / Guardian ☐ Father / Guardian	lian 🖵 Othe	r Contact 🖵			
Full name of Parent / Guardian Details:					
Home Phone: Work Phone: Mobile Phone:					
Medicare Number: Expiry Date:/					
Student Name on Card:					
Student Number on card:					
Ambulance Cover: Yes No No					
Private Health Fund Name:	Health Fund member nu	mhor:			
Private neatti Fund Name.	- Health Fund member nu	mber			
Is your child in good health?	Yes 🗖	No 🗖			
is your child in good nealth?	ies 🛥	140 🗖			
Does your child require regular medication?	Yes 🗖	No 🖵			
Does your child suffer from any Chronic Illness / Injury / Allergi	es? Yes 🖵	No 🗖			
If yes, please specify?					
Parent / Guardian Signature:		Date: / /			



# **Current Medication / Dietary Requirements**

School:Student Name:								
Time and Dosage - Ple	ease specify	exact time	of medication	on				
	Breakfast		Lunch		Dinner		Other	
Medication Name	Time	Dose	Time	Dose	Time	Dose	Time	Dose
Regulations require that all medication must be provided in the original container / packaging. Teachers will collect and administer all medication.								
Has your child suffered from any Acute Illness in the past four months? If yes, details.						Yes	No	
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? If yes, please specify.							Yes	No
		***************************************			D			
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 crima wet the beat:							140	
Does your child sleep walk?						Yes	No	
Do you give permission for Panadol to be administered if required?						Yes	No	
22 july governous of a state of the administration in required.								
Does your Child have any Dietary Requirements?						Yes	No	
If YES please specify:								
Water or Swimming Ac	ctivities:							
In relation to any propo (Please tick ✓ one:)	osed water o	r swimming	activities, r	ny child: N	ame:			
STRONG SWIMMER ☐ AVERAGE SWIMMER ☐ POOR SWIMMER ☐ NON-SWIMMER ☐								





# Bellingen Public School

William Street PO Box 42 Bellingen NSW 2454 Principal: Phones: Fax: Email: Web:

Vanessa Cavanagh 02 6655 1147 02 6655 2615

bellingen-p.school@det.nsw.edu.au http://www.bellingen-p.schools.nsw.edu.au/

# The Great Aussie Bush Camp General Permission and Consent Form

Please complete the general permission and consent form and return to the school by Wednesday 10th April 2024.

I give permission for my daughter/ son to participate in The Great Aussie Bus and give consent to the mentioned conditions below.	in class Camp from 19th June to 21st June 2024				
Signed: Da	ite:				
Phone					
MEDICAL ASSISTANCE					
In the event of an emergency, I consent to the securing of treatment that may be deemed necessary by the attending the administration of an EPIPEN by a medical practitioned reactions.	ng medical practitioner. This may include				
COVID  The excursion is required to be held in accordance with a Health Orders and the NSW Department of Education's put that your child may be exposed to COVID-19 whilst attention.	policies and procedures as there is a risk				
Students are required to complete a Rapid Antigen Test attend the excursion if they test positive.	(RAT) prior to leaving home and not				
If a student becomes ill at camp, a RAT test will need to be performed to determine if they are a positive COVID case. If tested positive they will need to be collected from camp.					
PUBLICATION					
I consent for my child being photographed/ filmed for publication within the NSW Department of Education and Training newspaper, external publications, Internet site and other associated promotional material.					
PG MOVIE	Yes/No				
I hereby consent to my child watching PG movies.	Yes/No				
	100/110				
EMERGENCY CONTACTS					
In case of an emergency please write down two contact	numbers that are best to reach you on.				
Emergency Contact 1:Emergency Contact 2:	Number:Number:				