



KENT ROAD PUBLIC SCHOOL

20th October 2020

Dear Parents and Carers,

On **2nd – 3rd December** students in **Year 6** have the opportunity to attend an overnight excursion to The Collaroy Centre. The planned Canberra excursion had to be cancelled due to the ongoing COVID restrictions. However, with recent relaxing of these guidelines we have been able to secure a short trip for Year 6. This excursion will include a range of team building activities, physical activities designed to challenge and build confidence and resilience. This excursion will give the students an event that they can have positive memories of their final year of primary school together.

The students will travel to and from **The Collaroy Centre** by **coach**, departing school at **9:30am 2nd December 2020** and returning to school by **3:10pm 3rd December 2020**.

Accommodation will be at The Collaroy Centre: 22 Homestead Avenue, Collaroy NSW 2097

Travel will be by coach.

The group will be supervised by classroom teacher and camp instructors.

The excursion will involve the following water or swimming activities:

swimming in the well maintained rockpool at Collaroy Beach under the supervision of teachers and lifeguards.

The school will provide a pool noodle as a flotation device to students who may require assistance in the water.

Students are to wear **casual clothes, not school uniform** and will need to **pack an overnight bag including items on the attached packing list**.

The cost of the excursion is **\$210 per student**. This cost will cover transport, meals, accommodation and activities.

Payment can be made by; cash, cheque or online at <https://kentroad-p.schools.nsw.gov.au/>

When paying online please use include the following payment description code: **yr6camp**

Attached is a list of potential activities the students might engage in over the two days.

Another note will be sent out closer to the date with more information, including a packing list.

Should you have any questions and concerns please speak to your child's class teacher.

Kind Regards,

Miss Basmajian, Miss Creamer, Mr Perez and Miss Whitworth

KENT ROAD PUBLIC SCHOOL

Here is a list of potential activities the students might engage in over the two days.

ONSITE ACTIVITIES

Abseiling
Archery
Challenge Course
Duel Flying Fox
Fun in the Sun
High Ropes
Initiative Course
Leadership Workshop
Mobile Initiatives
Orienteering
Oval Games
Rock Climbing
Slip n' Slide
Social Justice
Swing By Choice
Team Laser Tag

OFFSITE ACTIVITIES

Beach Games/Rock Pool
Rock Platform Studies
Kayaking
Learn to Surf
Sydney Excursion Day

NIGHT ACTIVITIES

3D Cinema
Night Games
Night Hike
Interactive Trivia
Disco

Activities can be tailored to suit our group's needs.

KENT ROAD PUBLIC SCHOOL

Make a Payment

Enter your payment details below. Fields marked with an asterisk (*) are mandatory.

Student Details

Student Registration Number If this 9 digit number is on the Statement issued by the school, please do not enter the school's registration number.

* Given Name

* Surname

* Enter both Class/Year & Ref Number, or Date of Birth:

Class or Year

Ref Number This number may be on the top of the invoice or statement.

Date of Birth e.g: 14-05-2010

If you wish to make a payment for another student, first complete this payment. There will be an option to re-use your details for another payment.

Student Details

Fill in student details.

'Student Registration Number' is not required. Leave blank

'Ref Number' is not required. Leave blank

Contact Details

Please complete all sections

Payment Items

Select the payment type. Add in the payment description code as listed on the permission note followed by the amount.

If you need to pay another amount please select 'Add Another Payment'. Please do not combine payments in one payment type.

Card Details

Complete all sections using your payment card details followed by 'Proceed to Confirmation'.

Contact Details

* Contact Full Name

* Contact Phone Number e.g: 0249512345 or (02) 49512345


* Contact Email Address

Payment Items

Payment Type	Description	Amount
Total Amount		0.00 AUD

Card Details

* Cardholder Name

* Credit Card Number 

* Expiry Date /

* Card Verification Number (CVN) What is the CVN?



KENT ROAD PUBLIC SCHOOL

Detach and return this signed consent form and the attached medical consent form to your child's class teacher by 11.11.2020.

Year 6 Overnight Camp at Collaroy Centre

I give permission for _____ in class _____ to attend the **Year 6 Overnight Camp at Collaroy Centre** on 02/12/2020 – 03/12/2020. I understand the children will **travel by coach, stay overnight at The Collaroy Centre** and **will be supervised by teachers** at all times.

Water or swimming activities

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

strong swimmer average swimmer poor swimmer non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:

.....
I undertake to provide this device so that my child can participate in the excursion. **Yes / No**

I **give / do not** give permission for my child to participate in the water or swimming activities.

I understand that my child will receive medical treatment in the case of an emergency.

IMPORTANT NOTE:

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school
- Ensuring that the information is updated if it changes
- Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen®) for example.

I have enclosed **\$210** deposit paid in cash.

I have paid **\$210 online**. Order number _____

Online payment description code: **yr6camp**

Signature

Date



KENT ROAD PUBLIC SCHOOL

Year 6 Overnight Camp at The Collaroy Centre

02.12.2020 – 03.12.2020

Medical information form – Privacy advice

The information provided on (date) _____ by (carer) _____ is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about (your child) _____ who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Kent Road Public School

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

A failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student name: Class:

Medicare number (optional)

Parent or caregiver contact details

Name:

Address:

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Home phone: Work: Mobile:

Doctor contact details

Name:

Address:

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Doctor's telephone: 1. 2.

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: Phone:

2. Name: Phone:

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

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Outline special dietary needs (for example: vegetarian), allergies to food types, including possible reaction to inappropriate diet

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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

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Any other information teachers should be aware of? (for example: sleep walking, bed wetting?)

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I **give/do not** give permission for my child to receive medical treatment in case of emergency.

Signature: Date:

Please return this form by: **11.11.2020 TO YOUR CLASS TEACHER.**