



ACT
Government



Forrest Primary School
9 Hobart Avenue, Forrest ACT 2603
Phone: 02 6142 1470
Email: forrestps@ed.act.edu.au
Website: www.forrestps.act.edu.au

16 February 2024

YEAR 5 CAMP AT COOBA

EXCURSION INFORMATION FOR PARENTS / CARERS

Dear Parents and Carers,

As part of our Term 1 programme, a three-day, two-night camp has been organised for students in Year 5 at Cooba Sport and Education Centre. Students will participate in a variety of activities designed to support initiative, creative thinking, and teamwork skills.

Date: Tuesday 26 March – Thursday 28 March (Week 9)

Time: depart Forrest Primary School 8:15am sharp on Tuesday 26 March

return to Forrest Primary School approximately 3:00pm on Thursday 28 March

Place: Cooba Sport and Education Centre

Transport: Bus

Cost: \$425

Coordinating teacher: Molly Pierra

Attending teachers: Kay Durnin, Erika Alling, Jemma O'Brien

Permission note due date: Friday 14 March

Attendance at this excursion is optional. Schools may offer or facilitate specific optional items, activities and services for which parents are required to pay if they want their child to access them. These excursions are classified as optional enrichment programs. If you do not wish your child to attend then a program will be available at the school. Parents who wish their child to attend can pay the full amount within the given timeframe, or alternatively, make arrangements to make regular payments through an agreed payment plan. Cases of hardship should be referred to the Principal for confidential assessment. NOTE: Excursions are an optional enrichment activity and parents are expected to cover the costs incurred. If your child is not able to attend on the day, refunds may not be available for some or all the costs.

Contingency: If the excursion does not go ahead due to unforeseen circumstance a return will be issued.

Behavioural expectations: 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, which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risks to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Students who indulge in such behaviours may be sent home.

Kind Regards,

Molly Pierra

Executive Teacher



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RECOMMENDED PACKING LIST

- 1 sleeping bag or 2 sheets (blankets are supplied)
- 1 pillow slip and a pillow
- 3 sets of underwear
- 3 pairs of socks
- 3 shirts /tops
- 2 pairs of shorts
- 1 pair of trousers/jeans/track pants
- 1 warm jumper or sweatshirt
- 2 pairs of sturdy shoes e.g. runners/walking shoes (in case one gets wet)
- 1 hat (wide brimmed, bucket or legionnaire)
- Sunscreen
- 1 pair of pyjamas
- 1 shower towel
- Soap and toiletries
- Handkerchief/tissues
- Garbage bag for dirty clothes
- Raincoat in case of wet weather

Small bag for bus including:

- Morning tea, lunch and drink for Tuesday 26 March

Please note:

- All belongings must be labelled and contained in ONE bag that students carry themselves. (Pillow can be strapped to the outside of the bag or carried separately).

PLEASE DO NOT BRING:

- Food (lollies, gum, snacks, soft drink)
- Torches
- Electronic games, iPods, mobile phones, or any other devices
- Cameras



Severe Medical Food Allergy Form

Individual Details



This form must be completed and signed by parent/guardian and returned ASAP. All allergies must be confirmed 31 days prior to travel.

School Name:

Trip Description:

Departure Date:

Return Date:

Individuals Name:

Parent/Guardian Name:

Parent/Guardian Mobile:

Emergency Contact Name:

Emergency Contact Mobile:

☐ Student

☐ Teacher/Adult

Mobile:

Dietary Details

Do you have an anaphylactic reaction to any food? ☐ Yes ☐ No

If yes, please list each food type:

Do you carry an EpiPen? ☐ Yes ☐ No

Severe Allergy Details:

Please provide information on relevant areas:

Milk/Dairy

Gluten/Wheat

Lactose

Egg

Nuts

Seafood

Food Colouring

Preservatives

Meat

Regarding your Allergy:

Can you have food with the following warnings:

"May contain traces of " ☐ Yes ☐ No

"May be manufactured on equipment that also processes " ☐ Yes ☐ No

Please list any other relevant information to assist with dietary management:

Parent/Guardian Name:

Parent/Guardian Signature:

Relation:

Date:



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PERMISSION NOTE – please return by Friday 14 March

I give permission for my child _____ in class _____
to attend the **Year 5 Camp at Cooba Sport and Education Centre** as outlined in the Excursion Information
for Parents / Carers (including contingency plans).

*I agree to my child participating in the activities associated with this excursion mentioned previously. I have
discussed with my child the need for expected behaviour on this excursion. I authorise the school to make
arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I
agree to meet the associated costs. I have provided to the school all medical information relevant to my
child attending this excursion.*

*I agree that my child will be under the authority of the school for the duration of the excursion and that the
school is authorised to return my child to school or home at my expense if the school considers that
circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff
member or parent, in an emergency.*

The *Medical Information and Consent Form* must be completed annually, prior to the first excursion of the
year. Have you completed a *Medical Information and Consent Form* this year? (If not, please collect a form
from the front office).

Yes ☐ No ☐

Will your child require medication to be administered during the excursion?

Yes ☐ No ☐

If yes, please complete a *Permission to Administer Medication* (available from the front office).

Is there any additional information you need to provide to support your child's participation in this
excursion?

Yes ☐ No ☐

If yes, please provide these details:

Medicare number: _____

Private health fund & membership number (if applicable) _____

Parent / Carer name: _____

Signature: _____ Date: _____

YEAR 5 CAMP 2024

PAYMENT NOTE – please return by Friday 14 March

The event cost is \$425.00

Student name: _____ Class: _____

I am paying the amount of: \$ _____

Payment methods are either:

☐

QuickWeb is the preferred payment method for Forrest School. Access the method either through www.forrestps.act.edu.au or using the QR Code below.



Please use the fee code: **Y5CAMP**

Receipt number: _____

Or

☐

At the school office using either EFTPOS or Cash (please provide the correct money)