

Dear Parents/Caregivers,

RE: Year 7 – Great Aussie Bush Camp – 2018

At Brisbane Water Secondary College – Umina Campus, all Year 7 students will be given the opportunity to attend the **Great Aussie Bush Camp** during **Week 5, Term 1 of 2018**. The camp has been organised early in the year to provide all Year 7 students with a chance to get to know one another and form positive relationships with other students within the year cohort.

The camp will run for three days leaving on the **26th of February** and returning on the **28th of February**. During the camp students will experience activities and programs that are delivered within unique and authentic environments by highly trained instructors. Some of the activities include:

- The giant swing
- Mud run
- High ropes course
- Day on the sand dunes
- Kayaking
- Abseiling
- And many more!

All activities provide an opportunity for students to be challenged by stepping outside their comfort zones at a pace that feels right for them, all whilst having fun. Throughout the experience students will achieve outcomes that they never thought were possible and develop memories and friendships that they will remember for years to come.

Further information about the camp including a payment plan is outlined in the permission note attached to this letter. Payments can be made at the front office of the school or online through the school website. Permission forms must be returned to the front office. If you have any further questions or concerns, please don't hesitate to ring the school.

Mr. Myszkowski



Brisbane Water Secondary College - Umina Campus

School Excursion or Activity Information

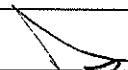
Dear Parent/Guardian,

Below are details of a forthcoming school activity/excursion involving your child.

Please read the details and return completed permission form with payment as indicated on the second page.

Name of Activity: GREAT AUSSIE BUSH CAMP	
Day and Date: Monday 26 th February until Wednesday 28 th February, 2018	
Group Involved: Year 7	
Destination/Venue: Great Aussie Bush Camp, Tea Gardens	
Purpose of Activity: Develop team building skills in a challenge by choice environment, using the Australian Sports Commission's FISH (Fun, Inclusive, Safe and High Intensity)	
Contact Teacher: Mr R Myszkowski	
Supervising Teachers: Mr R Myszkowski + 12 Teachers (TBA: Teacher numbers may vary)	Emergency Care staff member: Mr R Myszkowski
Cost: \$260	<ul style="list-style-type: none"> To be paid to Student Reception along with both permission notes (School note + Camp Medical Note). A \$60 deposit will secure your place – Max 250 places - first in first served (Deposits are non-refundable) The remaining \$200 must be paid in full by Friday 9th February, 2018 Please see a payment schedule at the bottom of this page to assist in paying the full amount in small instalments throughout the 2017-2018 year.
Method of Transport: Students will travel by coach to and from the camp. Students will also travel from camp to the beach on buses provided by the camp.	
Departure time: 8:50am – 26 th FEB, 2018	Departure Place: Umina Campus (meet in Gym)
Time of Return: 3:00pm – 28 th FEB, 2018	Place of Return: Umina Campus – Front Gate
Students must wear: Comfortable appropriate attire with enclosed shoes is to be worn to and from the camp. A detailed Gear Checklist will be provided closer to the date.	


Mr Roman Myszkowski
Excursion Coordinator


Mr Adam Montgomery
Deputy Principal

Payment	Date	School Week	Amount
1	Initial Deposit		\$60.00
2	Fri 10-Nov-17	Term 4, Week 5	\$25.00
3	Fri 17-Nov-17	Term 4, Week 6	\$25.00
4	Fri 24-Nov-17	Term 4, Week 7	\$25.00
5	Fri 1-Dec-17	Term 4, Week 8	\$25.00
6	Fri 8-Dec-17	Term 4, Week 9	\$25.00
7	Fri 15-Dec-17	Term 4, Week 10	\$25.00
SCHOOL HOLIDAYS			
8	Fri 2-Feb-18	Term 1, Week 1	\$25.00
FINAL	Fri 9-Feb-18	Term 1, Week 2	\$25.00

IMPORTANT NOTE: Whilst excursion refunds will only be given under extenuating circumstances, no refund will be given for bus costs.

Privacy Advice Notice
The information provided on your child is being obtained by the School 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 Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other 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. Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot 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.

PLEASE RETURN THIS FORM AND PAYMENT TO BWSC UMINA FRONT OFFICE/STUDENT RECEPTION

YEAR 7 GREAT AUSSIE BUSHCAMP

Cost Centre: GABC

Please read the information below carefully and tick the appropriate boxes as well and provide required information including signatures.

I consent to.....of Roll Class..... participating in the Great Aussie Bush Camp at Tea Gardens.

My son / daughter has the following special needs (please provide relevant medical details)

.....

I give permission for my child to receive medical treatment in case of emergency.

Parent/Caregiver Signature Date

Boxes that are checked below indicate sections that must also be completed and signed by parent/caregiver

OVERNIGHT EXCURSIONS ADVICE

Accommodation will be at: Great Aussie Bush Camp, Tea Gardens, NSW

The group will be supervised by: Mr R Myszkowski + 12 Teachers (TBA)

Parent/caregiver response (Accommodation)

I understand that my son / daughter will stay overnight as per the above details
Parent/Caregiver Signature:

Boxes that are checked below indicate sections that must also be completed and signed by parent/caregiver

WATER OR SWIMMING ACTIVITIES - ADVICE

The excursion will involve water and swimming activities, including unstructured swimming at Jimmy's Beach.
The camp will provide flotation devices to students who may require assistance in the water

Parent/caregiver response - 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 permission for my child to participate in the water and swimming activities.
Parent/Caregiver Signature:

Please provide your on-line payment receipt number _____



* Proceed to BWSC Umina website and click on make a payment. Only fill in the areas with a green asterisk.

Medical and Consent Form – Child

Name of School: _____ School year: _____

Student Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Date of Birth: ____ / ____ / ____ Male Female

Parent / Guardian Details:

Please Tick ✓: Mother / Guardian Father / Guardian Other 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

Private Health Fund Name: _____ Health Fund member number: _____

Is your child in good health? Yes No

Does your child require regular medication? Yes No

Does your child suffer from any Chronic Illness / Injury / Allergies?
If yes, please specify? Yes No

Parent / Guardian Signature: _____ Date: ____ / ____ / ____



Current Medication / Dietary Requirements

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 / 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? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.	Yes	No
---	-----	----

Has your child had any major surgery? If yes, please specify.	Yes	No
---	-----	----

Is your child's Immunisation up to date, including tetanus? If yes, what year was the last booster given?	Yes	No
--	-----	----

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? If YES please specify:	Yes	No
--	-----	----

Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: _____

(Please tick ✓ one:)

STRONG SWIMMER

AVERAGE SWIMMER

POOR SWIMMER

NON-SWIMMER

