



Dear Parent/Guardian,

Today's Date: 06/02/2018

Below are the details of an upcoming Excursion / School Activity involving your child:

Excursion Name:	The Basin Camp (NOTIFICATION OF DATE CHANGE)	Class/Group:	Outdoor Education
Destination:	The Basin	Dates:	12 <sup>th</sup> -13 <sup>th</sup> April 2018
		Cost:	\$35 (this cost is included in elective fees)

All notes and payments (or advice of online receipt number) must be returned to Student Reception and finalised by	Due Date:	21 <sup>st</sup> March 2018
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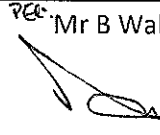
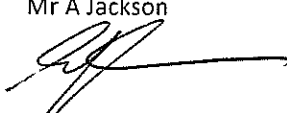
Organising teacher:	Mr J Gosden	Email:	<a href="mailto:joel.gosden3@det.nsw.edu.au">joel.gosden3@det.nsw.edu.au</a>
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**\*\*BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested\*\***

**Excursion description:** students will depart from BWSC Umina Campus at 12:10pm via the school mini bus to the Ettalong Wharf. There they will catch the 2:30pm ferry to Palm Beach. From Palm Beach they will catch the connecting ferry to The Basin. Students will camp at the Basin participating in Snorkelling (if they completed the practical snorkelling exam successfully), fishing and swimming. The following morning, they will trek to an Aboriginal Carvings site and, upon returning, continue with activities until 12:20pm, where they will catch the returning ferry home arriving at Ettalong Wharf at 2:30pm.

**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.

**\*\* Important Note: Whilst excursion refunds will only be given in extenuating circumstances, NO refund will be given for bus costs \*\***

Departure details:	Time: 12:10pm Date: 12 <sup>th</sup> April 2018	Location:	Brisbane Water Secondary College Umina Campus
Return details:	Time: 2:30pm Date: 13 <sup>th</sup> April 2018	Location:	Ettalong Wharf
Transport:	Travel by: Bus and Ferry		
Dress Requirements:	PE Uniform	Other Requirements: A change of clothes, hiking shoes, swimmers, beach towel, shower towel, a torch, sunscreen, 6Ltrs of water, snack food, canned food for dinner and breakfast, sleeping bag, tent, roll matt, pillow, toiletries (tooth brush, tooth paste, toilet paper and baby wipes), mobile phone, small camping chair, mosquito repellent.	
Mr J Gosden 	Excursion Co-ordinator	Mr B Walker 	Principal
		Mr A Jackson 	Head Teacher

## To Be Completed for Overnight Excursions and All Water Activities Only

Check boxes to indicate the sections to be completed and signed by parent/caregiver and returned to Student Reception by 22/3/2018

### Water or swimming activities - advice

The excursion will involve the following water or swimming activities: The Basin Camp

These activities will take place at: The Basin

The school will provide the following flotation devices to students who may require assistance in the water: Foam Surf Board

### Water or swimming activities - parent/caregiver response

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.

Parent/Caregiver Signature:

### Overnight excursions – advice

Accommodation will be at: The Basin

The group will be supervised by: J Gosden, A Jackson, L Danvers

Additional information:

### Overnight excursions - parent/caregiver response

I understand that my son / daughter will stay overnight as per the above details.

Parent/Caregiver Signature:



**The Basin Camp Permission Note**

Student name:.....

Roll call class:.....

Sub Dissection Code: N/A

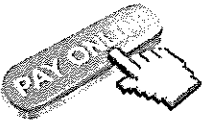
I hereby consent to my child attending the Basin Camp on the 12<sup>th</sup> and 13<sup>th</sup> of April, 2018. They will travel by Bus and Ferry to and from the venue. I consent to paying the cost of \$120 (Outdoor Education. Fee) and understand that it is an extra-curricular activity and that all elective fees must be paid prior. I consent to my child being responsible for completing missed work whilst participating on this excursion. I also understand that my child must demonstrate appropriate behaviour on this excursion.

Emergency Contact name:

Emergency Contact Ph number:

Signed:

Date:

<p><b>Medical condition:</b> Asthma Anaphylaxis Allergies (circle if applicable)</p>	<p>Other :</p>
<p>Does the medical condition indicated, require an action plan? <b>YES / NO</b></p>	<p><b>Medicare Number :</b></p>
	<p>Online payment receipt number : ..... Amount : \$0 (if \$120 fees paid)</p> <p><small>*Proceed to BWSC Umina website (Make a Payment) (Only complete fields with green asterisk)</small></p>

**PLEASE COMPLETE THE RELEVANT SECTIONS ON THE BACK** 