

**CAMP COOBA – Year 5**  
**Monday 6 May to Wednesday 8 May 2024.**

Dear Parents and Carers

In term two, students in year 5 will be attending a two-night camp at Cooba Sport and Education Centre, which is located near Berridale, NSW. This is an opportunity for students to experience a range of outdoor activities which complement the learning they participate in at school. Camp also offers students the opportunity to build independence, encourages team building and consolidates social relationships.

**Details of the excursion are as follows:**

<b>Location</b>	Cooba Sports and Education Centre Cootralantra Rd, Berridale NSW, 2628
<b>Year Group Participating</b>	Year 5
<b>Date</b>	Monday 6 May – Wednesday 8 May 2024
<b>Time</b>	<b>Depart school</b> – students are required to be at school at <b>8:00am</b> for an <b>8:30am</b> departure on Monday 6 May <b>Arrive back at school</b> – 3:30pm (approximately, TBC) Wednesday 8 May
<b>Transport</b>	Bus
<b>Anticipated number of students attending</b>	90
<b>Anticipated number of staff attending</b>	7
<b>Adult : Student Ratio</b>	1:15 (approximately)
<b>Cost</b>	\$440.00 Payment due by Friday 3 May 2024 (week 1, term 2)
<b>Notes Due</b>	Wednesday 3 April 2024 (week 10, term 1)
<b>What to Bring on excursion</b>	A detailed packing list will be provided at a later date

*If you require financial assistance, please contact Tanya Price in the front office on 6142 1600.*

There has been a risk assessment prepared for this excursion and is available for viewing at the school.

Kind Regards

Clive Beecham, Sharee Hodge, Melissah Cook and Rebecca Naughton.

<b>Name of Excursion:</b>	<b>Camp Cooba</b>	<b>Quickweb Feecode:</b>	<b>YR5CAMP</b>
<input type="checkbox"/>	Parent Portal (Preferred method) – Logon on to parent portal to view invoice. There is the functionality to set up a payment plan		
<input type="checkbox"/>	Quickweb – go to <a href="http://www.macgregorps.act.edu.au">www.macgregorps.act.edu.au</a> – via secure payment tab Please use student's name for the 'Student Key' and 'Student ID' fields, and family name for the 'Family key' field.		

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**Please return this page to the front office by Wednesday 3 April 2024**

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_  
to attend the Camp Cooba on 6 May to the 8 May 2024 travelling by bus. I understand that he/she will be in the care of  
Macgregor Primary School staff for the duration of camp, and I have read and understood the information below.

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 only needs to be completed once/year prior to the first excursion unless there  
are changes to the details on this form. Are there any changes to this form?

Yes ☐ No ☐

If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes ☐ No ☐

If yes, please complete a Medication Authorisation and Administration Record (available through 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.

\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information:

<b>Medicare No:</b>		<b>Private Health Fund:</b>		<b>Membership No</b>	
<b>Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.</b>					

Name of Parent/Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you complete the permission form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.

**IF YOUR CHILD IS NOT ATTENDING THE CAMP, PLEASE RETURN THIS SECTION ONLY TO THE FRONT OFFICE.**

My child \_\_\_\_\_ in class \_\_\_\_\_ **WILL NOT** be  
attending the year 5 camp.

Name of Parent/Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Year 5 camp 6 - 8 May 2024

My child \_\_\_\_\_ in class \_\_\_\_\_ is attending the year 5 camp on 6 to 8 May 2024 and I require a payment plan.

I will be making regular payments (please select option)

- ☐ Option 1 – 2 fortnightly payments \$220.00 per fortnight  
☐ Option 2 – 4 fortnightly payments \$110.00 per fortnight

or

- ☐ I will be making payments as per my own plan described below –

Parent payment plan		
Payments (weekly/fortnightly etc)	Payment dates	Payment amount

Name of Parent/Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT METHOD

<b>Name of Excursion:</b>	Year 6 camp 2023	<b>Quickweb Feecode:</b>	Year 6 camp
<input type="checkbox"/>	Quickweb – go to <a href="http://www.macgregorps.act.edu.au">www.macgregorps.act.edu.au</a> – via secure payment tab <i>Please use student's name for the 'Student Key' and 'Student ID' fields, and family name for the 'Family key' field.</i>		
<b><i>Parent Portal - As a payment plan can easily be set up within Parent Portal there is no need to return this form.</i></b>			

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