

Year 5/6 Camp Birrigai 2022

November 2021



Dear Parents and Carers,

Our destination is: **Birrigai** (142 Tidbinbilla Rd, Tharwa, ACT 2620). Students will depart school on the morning of **Monday 28th March** and will return to school the afternoon of **Wednesday 30th March**

Cost: **\$320 per student**. This will cover transport, 2 nights of accommodation and meals. The cost will be added to your school fees by dividing the amount across the four terms of 2022 (at @\$80 per term).

However, this can be paid in one lump sum directly to Mrs Monro at the front office if you would prefer.

***The attached consent form needs to be returned by Friday 10th December 2021.**

DEPARTING AND RETURNING FOR CAMP

Students will leave school at 9.00 am on Monday 28th March and return around 3pm on Wednesday 30th March.

FIRST AID & WWVP

The teachers accompanying the students have current First Aid Certificates and are CPR trained. Birrigai staff members are also qualified. Like staff at St Michael's, all staff working at Birrigai all hold current WWVP cards.

ITEMS FOR ALL STUDENTS TO BRING

Further information provided early next year.

SLEEPING GROUPS

Students will be placed in groups for activities and sleeping arrangements by St Michael's staff

TEACHERS

There will be four teachers in attendance at the camp. The school holds full copies of all Birrigai risk assessments.

Any questions you may have, please see your child's teacher or contact me directly. We want to make this camp as enjoyable as possible for all involved, so any concerns you or your child may have, please reach out.

Kind regards,

Judy Egan

Principal

Year 5/6 Birrigai Camp 2022

PLEASE RETURN THIS PAGE TO CLASS TEACHER

CONSENT FORM

I _____ parent/carer, **give** consent for my child _____ to participate in the **Year 5/6 camp Birrigai Excursion** from **Monday 28th March 2022 – Wednesday 30th March 2022**.

I agree to delegate my authority to the staff, instructors and supervisors involved. Such teachers, instructors and supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above-mentioned activity.

I also authorise the teachers, instructors and supervisors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

Name: _____ Signature: _____

Emergency Contact Number: _____

SWIMMING

There may be opportunities for swimming activities. This would be fully supervised by staff. Do you allow your child to participate in water activities - **yes/no** (please circle).

Please indicate your child's swimming ability: **Non-Swimmer / Beginner / Intermediate / Confident** (please circle)

MEDICAL AND DIETARY INFORMATION

Will be sought out early next year, in order to have the child's most up to date information.