Date: Thursday, December 7, 2023

Dear Parents/Caregivers,

The RAP Study Camp provides an opportunity for students to build relationships with their classmates and teachers face-to-face. Students will have longer face-to-face study sessions with their teachers to cover important content and will build teamwok skills with the fun range of activities that Borambola Sport and Recreation Centre offers. This year the full cost of the camp will be covered by the school so that all students will attend. This camp is part of the RAP curriculum and all Year 11 and 12 students are expected to attend.

***Excursion Summary Details (To be kept by parents)***

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| --- | --- |
| Excursion name: | 2024 RAP Study Camp at Borambola |
| Date: | Monday 12th February – Wednesday 14th February 2024 |
| Location: | Borambola Sport and Recreation Centre |
| Travel: | Bus |
| Departure Time: | Depart BCS at 9:30am, Monday 12th February 2024 |
| Return Time: | Arrive at BCS 3:30pm, Wednesday 14th February  (**NB:** BCS students who will be attending the Wollongong University Excursion on 14th February – 16th February, will be picked up at Borambola by the BCS bus, and students who are not attending the UOW excursion, will travel to APCS and brought back to BCS via a staff members vehicle) |
| Cost: | Nil |
| Coordinating Teacher: | Ms Blacker (BCS) |
| Supervising Teachers: | Mrs C Drumore (RAP Co-Ordinator) |
| Supervision: | Supervising staff have CPR and Emergency Care training |
| Due Date for permission note: | Friday 2nd February 2024 |
| Accommodation / Meals: | Borambla Sport and Recreation Centre has 5 bunk beds to a single sex room with group allocation selected by staff. Please make your ISAC is aware of any special accommodation or dietary needs. |
| What to Bring: | Please see attached list. |
| Uniform / Dress | Clothing should be sun-safe (no singlets) and footwear for activities needs to be enclosed. A rashie is required for swimming activities. |
| Additional Information: | Parents need to complete the waiver for Borambola Sport and Rec using this link [https://officeofsport.ungerboeck.com/prod/emc00/register.aspx?eid=c3Zqemgzb DN1aHJ4Yy9XYThzZ2prdz09](https://officeofsport.ungerboeck.com/prod/emc00/register.aspx?eid=c3Zqemgzb%20DN1aHJ4Yy9XYThzZ2prdz09) |

***Equipment List for Students***

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| **Study** | * Laptop * Pencil Case * Any subject specific items requested by teacher ie/Art Diary |
| **Clothes** | * 2 casual outfits eg. t-shirts and shorts * Underwear x 3 * Socks x 3 * Jumper - An old outfit for mud run etc. * Plastic bags for dirty / wet clothes * Swimmers and Rashie |
| **Footwear** | * Enclosed shoes eg. Sneakers * An old pair of sneakers for the mud run etc. |
| **Sleeping** | * Pyjamas * Sleeping bag * Pillow   NB. RAP has sheets. |
| **Toiletries** | * Soap * Shampoo * Deodorant * Toothbrush and toothpaste * Razor / period products (if needed) |
| **Other** | * Hat * Water bottle * Beach towel and bath towel * Sunscreen |

Consent and Medical Information Form

(To be returned to School office)

**STUDENT NAME**: ……………………………………..**SURNAME**: ……..……………………

**AGE**: ………… years **D.O.B.** ….…./….…./….…. **SEX**: …….……

**ADDRESS**: ……………………………………………………………………………………………..

**TELEPHONE**: (Home) …………..…… (Work) …………………… (Mobile) ……..……………...

**PARENT/LEGAL GUARDIAN NAME IN FULL**: ……………………………………………...…...

**EXCURSION TITLE:** 2024 RAP Study Camp at Borambola

**EXCURSION TO:** Borambola Sport and Recreation Centre

**DATES:** Monday 12th February – Wednesday 14th February 2024

**COST:** Nil

**TRAVEL:** Bus

**TIME:** Depart BCS at 9:30am, Monday 12th February 2024

Arrive at BCS 3:30pm, Wednesday 14th February

(**NB:** BCS students who will be attending the Wollongong University Excursion on 14th February – 16th February, will be picked up at Borambola by the BCS bus, and students who are not attending the UOW excursion, will travel to APCS and brought back to BCS via a staff members vehicle)

**SUPERVISION:** Mrs C Drumore

**Medical Advice**

I have provided the school/coordinating staff with up to date medical information on dietary requirements, allergies and other health care related issues - Yes/No

**Travel Advice**

I understand that my child will attend this excursion using the travel provided by the school. - Yes/No

**Swimming Advice**

This excursion will involve the following swimming or water activities. These activities will take place at Borambola Sport and Rec Centre. I give permission for my child to participate in water and/or swimming activities – Yes/No

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

* **Waiver:** I have completed the online waiver for Borambola Sport and Rec camp via the link provided

I hereby consent to my son/daughter/ward to attend this excursion to Borambola Sport and Recreation Centre on Monday 12th February – Wednesday 14th February 2024. I also give consent to the school to seek medical treatment for my child should the need arise. This excursion has the approval of the Principal.

Signed: …………………………………………… (Parent/Legal Guardian) Date: ……………...

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| --- |
| **Medical Information – Privacy Advice** |
| The information provided is being obtained 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 Barellan Central School.  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 excursions, sporting or other school 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 maymean that your child can not 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. |

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| **Student Details**  *Student name*: …………………………………………………… *Medicare number* …………………….…………… | | | *Class*: ……………………… |
| **Parent or caregiver contact details** | | | |
| *Name*: | ……………………………………………………………………………………………… | | |
| *Address*: | ………………………………………………………………………………………………  ……………………………………………………………………………………………… | | |
| *Home phone*: ………………... | | *Work*: ……………………..… | *Mobile*: ……………………… |
| **Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)** | | | |
| *1. Name*: …………………………………………….…… | | | *Phone*: ………………………… |
| *2. Name*: …………………………………………….…… | | | *Phone*: ………………………… |

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| **List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.**  ……………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………..  **Outline special dietary needs including possible reaction to inappropriate diet**  ……………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………..  **Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions**  ……………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………….. |