



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

Evelyn Scott School 2023 Senior Campus Camp

DESCRIPTION:

For our inaugural year, we will be conducting a camp that is available to all of our Senior Campus learners. We will be going to the AGH Camp, South West Sydney to give further opportunity for learners and staff to build positive relationships, as well as provide a safe setting to explore personal challenges. Learners and families will be supported with packing lists and specific program of activities in the coming weeks.

DATE:	Wednesday 17th May to Friday 19th May (week 4, term 2)
VENUE:	AGH Camp, South West Sydney, Douglas Park NSW
TRAVEL ARRANGEMENTS:	Students will travel by bus to and from the venue
DEPARTURE & RETURN TIMES:	Bus departs Evelyn Scott School at 7:45am, returning at approximately 3pm
COST:	Cost is \$401 per learner (includes bus and venue)
CLASSES ATTENDING:	All Senior Campus Learners
STAFF ATTENDING:	All Senior Campus Staff
WHAT TO BRING:	Full packing list to be sent home week 8
NOTE & PAYMENT DUE BY:	Please return all notes Friday 24 February 2023 and payment by Friday 28th April 2023 Please note, learners will be unable to attend the excursion without signed parent/carer permission.

Code of Conduct and Parental Agreements:

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Kind regards,

Ross Dennis

ross.dennis@ed.act.edu.au



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STUDENT NAME: _____ CLASS: _____

I hereby consent to my child attending the above Evelyn Scott School excursion.

Please check the appropriate boxes:

☐ I have read and understand the attached information page for the event/excursion and I consent to the payment and travel arrangements.

☐ 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

☐ 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

PARENT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT PHONE NUMBER: _____

PAYMENT OPTIONS: 2023 Senior Campus Camp

- Pay via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>
- Pay over the phone by Credit Card/EFTPOS (call the front office on 6142 3491)
- Credit/Debit Card (please fill in details below and return to the Front Office)

☐ VISA ☐ MASTERCARD AMOUNT: \$401

EXP ____/____

NAME ON CARD: _____ SIGNATURE: _____

STUDENT NAME: _____ CLASS: _____