



Evelyn  
Scott  
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: [evelynscottschool.information@ed.act.edu.au](mailto:evelynscottschool.information@ed.act.edu.au)

## Year 5 and Year 6 Camp Wombaroo 2024

### DESCRIPTION:

Evelyn Scott School learners in Years 5 and 6 will have the opportunity to attend a 3 Day /2 Night school camp at Wombaroo, NSW. Our Year 5/6 learners will participate in a range of activities that support them to build self-confidence, resilience and establish important relationships with other learners and staff. Activities will also build awareness around cultural integrity and connection to the environment.

<b>DATE:</b>	Wednesday 12th June to Friday 14 June, 2024 (Term 2, Week 7)
<b>VENUE:</b>	<a href="#">Wambaroo Camp, 162 Black Spring Rd, High Range NSW 2575</a>
<b>TRAVEL ARRANGEMENTS:</b>	Learners and staff will travel by charter bus to and from the venue
<b>DEPARTURE &amp; RETURN TIMES:</b>	Departure times will be confirmed and communicated to all families closer to the date of the camp
<b>COST:</b>	Cost is \$445 - inclusive of travel, accommodation meals and activities
<b>CLASSES ATTENDING:</b>	Learners in Years 5/6
<b>STAFF ATTENDING:</b>	Year 5/6 classroom teachers and learning support staff
<b>WHAT TO BRING:</b>	Please read the attached packing guide
<b>NOTE &amp; PAYMENT DUE BY:</b>	Friday 17th May 2024

### 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,

Dean Pilton

Camp Coordinator

[dean.pilton@ed.act.edu.au](mailto:dean.pilton@ed.act.edu.au)



Evelyn  
Scott  
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: [evelynscottschool.information@ed.act.edu.au](mailto:evelynscottschool.information@ed.act.edu.au)

## Year 5 and Year 6 Camp Wombaroo 2024

STUDENT NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

I hereby consent to my child attending the Year 5 and Year 6 Camp Wombaroo 2024 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

AMOUNT: \$445

- Our preferred method of payment is via Quickweb: <https://www.evelynscottschool.act.edu.au/Payment>
- If paying via QuickWeb, please include the cost code: **YEAR 5/6 CAMP 2024** as a reference
- Families are also able to make a payment in person at the front office by EFTPOS or Credit Card, or over the phone by calling the front office on 02 6142 3491

Please contact the school's Business Manager regarding payment options should you require support via:

[emma.dale@ed.act.edu.au](mailto:emma.dale@ed.act.edu.au)

Office Staff to complete:

Received by: \_\_\_\_\_

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

Payment made via: \_\_\_\_\_ Entered on SAS:



Evelyn  
Scott  
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: [evelynscottschool.information@ed.act.edu.au](mailto:evelynscottschool.information@ed.act.edu.au)

## Allergens / Food Restrictions

### IMPORTANT INFORMATION – PLEASE COMPLETE THE FOLLOWING

Parts A and B of this form are to be completed by the parent/legal guardian or primary caregiver of attending student who have specific dietary requirements due to:

- Food restrictions/cultural requirements
- Food related medical conditions
- Identified food allergies

Name of Student:	
Name of parent/guardian completing this form	
Signature	
Date completed	

#### Part A - Food Restrictions

Food item	Can this food be eaten	Other comments
Beef	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chicken	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pork	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lamb	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do either of the following apply

Vegetarian	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vegan	Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### Part B - Severe Medical Food Allergy

My child has a severe food allergy	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes <input type="checkbox"/> please provide a copy of your child's current allergy action plan
------------------------------------	-----------------------------	------------------------------	---



Evelyn  
Scott  
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: [evelynscottschool.information@ed.act.edu.au](mailto:evelynscottschool.information@ed.act.edu.au)



## **What To Bring To Camp**

This is a recommendation of what to bring to make your camp more enjoyable:

- Wet weather gear/rain coat
- Personal medication (this must be given to the designated staff member/ teacher on the morning of departure, along with all the necessary paperwork)
- Sun-Smart hat (NOTE: hats with a hard plastic/metal knob on the top can not be worn under safety helmets)
- Jumper or Jacket (camp weather can get cool at night all year around)
- Covered, enclosed shoes for any extended walking
- Insect Repellent

For overnight stays:

- Linen: 1 base sheet + top sheet or sleeping bag
- pillow
- towel
- Toiletries including soap or body wash and shampoo and any sanitary items as required.

Additional items for Guided Activities:

- Extra pair of closed shoes. Closed shoes must be worn for all activities.
- Sun Screen
- Refillable Water bottle
- Full length tops or shirts. Short tops are not suitable for activities, especially if using harnesses
- Short pants of an appropriate length, especially for harnessed activities
- Hair band to tie back long hair

**Note:** Outdoor activities may result in damage / soiling of clothing. Please ensure clothing is suitable for outdoor recreational use.

Extra items you might need:

- Carry pack (for bush walking and carrying gear to activities)
- Plastic bag to take wet or dirty clothes home in
- Second pair of shoes in case first pair become wet
- Torch