



Evelyn  
Scott  
School

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## YEAR 5/6 BIRRIGAI CAMP 2025

### DESCRIPTION:

ESS learners in Years 5 and 6 will have the opportunity to participate in an overnight camp to Birrigai in Term 4, 2025. This 2-day, 1-night camp will provide learners with access to a range of fantastic outdoor learning opportunities, facilitated by the expert team at Birrigai - ACT Education Directorate's purpose built outdoor school, located in the foothills of the Brindabella Ranges. Whilst there, our learners will participate in a range of activities that support them to build self-confidence, resilience and establish important connections with their peers and staff. Activities will also build awareness around cultural integrity and connection to the local environment. There is no cost associated with this camp. It is being provided free of charge by the ACT Education Directorate for all Year 5/6 learners at ESS.

<b>EXCURSION DATES:</b>	Monday 20 October to Tuesday 21st October (Term 4, Week 2)
<b>VENUE:</b>	Birrigai - 164 Tidbinbilla Road, Tharwa
<b>TRAVEL ARRANGEMENTS:</b>	Learners will travel to and from Birrigai by charter coach
<b>DEPARTURE &amp; RETURN TIMES:</b>	Departing Evelyn Scott School at 9:15am on Monday 20th October Returning to Evelyn Scott School at 2:20pm on Tuesday 21st October
<b>COST:</b>	NO COST - This is a free excursion
<b>LEARNERS ATTENDING:</b>	All learners in Years 5 and 6 in 2025
<b>STAFF ATTENDING:</b>	Year 5/6 teaching team with additional Learning Support Assistant/s
<b>WHAT TO BRING:</b>	A complete packing list will be provided to families and learners closer to the date of the activity to assist learners to prepare for the camp
<b>NOTE DUE BY:</b>	All learners require a written permission note to attend this camp. Please return signed permission notes by no later than <b>Friday 26th September</b> . Learners without signed permission will not be able to attend the camp.

### 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. In the event of unacceptable student behaviour, parents may be called to collect children from the venue at their own travel costs.

Kind regards,

**Amanda Bartels, Tarun Sharma, Sam Brunswick, Jon Mullens, Lauren Mullens**

For questions regarding the 2025 Birrigai camp, please email nominated contact teacher, Amanda Bartels via:

[amanda.bartels@ed.act.edu.au](mailto:amanda.bartels@ed.act.edu.au)



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## YEAR 5/6 BIRRIGAI CAMP 2025

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

If you consent to your child attending the above excursion please check the appropriate boxes:

I have read and understand the attached information page for the event/excursion and I consent to the 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. Please confirm you have returned this form for your child this year

My child requires medication to be administered during the excursion

If you checked the box above regarding the administration of medication, please complete a [Medication Authorisation and Administration Record](#) (available through the front office)

Please indicate below if there is additional information required to support your child's participation in this excursion?

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

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Office Staff to complete:

Permission note returned via:	Email	Paper Form	Verbal Permission
Payment made via:	EFT/Credit Card	QuickWeb	Parent Portal
Date permission note returned:		Entered on SAS:	
Name of ESS office staff processing: _____			

## Recommended Packing List

### Two Day / One Night stay

- 3 sets of underwear
- 3 pairs of socks
- 2 x shirts with sleeves (long or short, no singlets)
- 1 x woollen or polar fleece jumper (recommend two in colder months)
- 1 x waterproof jacket
- 2 x shorts (summer)
- 2 x trousers/long pants
- 1 x pyjamas (seasonally appropriate)
- 1 x towel
- Toiletries (including hand sanitiser and sunscreen)
- Broad brimmed hat
- Warm sleeping bag or a quilt and bedsheet (**Birrigai does not provide blankets**)
- Pillow
- Drink bottle (**Birrigai does not provide water bottles**)

### Do Not Bring

- Any food, including lollies, soft drink unless medically indicated
- iPods, phones or other electronic devices
- Expensive cameras

## Allergens / Food Restrictions

### IMPORTANT INFORMATION – PLEASE COMPLETE THE FOLLOWING

Parts A, B and C of this form are to be completed by the primary caregiver of attending students, or by visiting adults in respect of themselves, who have specific dietary requirements due to:

- Food related medical conditions
- Identified food allergies / intolerances
- Food restrictions

For school students, the need for this form to be completed and returned will have been noted in the information provided on the *Medical Information and Consent* form issued by the school. **This form is to be returned directly to the student’s school along with other documentation requested by the school.**

A copy of this form will be given to the Birrigai Catering Team who will use the information provided to ensure all specific dietary needs are met.

### NOTE: BIRRIGAI IS A NUT FREE ENVIRONMENT

<b>NAME OF STUDENT / INDIVIDUAL</b>	
<b>SCHOOL / GROUP</b>	Evelyn Scott School - Year 5/6
<b>DATES ATTENDING BIRRIGAI</b>	Monday 20 to Tuesday 21 October 2025 – Term 4, Week 2
<b>Name of person completing form</b>	
<b>Signature</b>	
<b>Date completed</b>	

### PART A – FOOD RELATED MEDICAL CONDITIONS

PLEASE PLACE AN [X] WHERE RELEVANT TO INDICATE IF THERE IS AN EXISTING MEDICAL CONDITION.

Medical Condition		Additional Details
Anaphylaxis	Yes <input type="checkbox"/>	
Coeliac	Yes <input type="checkbox"/>	
Diabetic	Yes <input type="checkbox"/>	
Any other food related medical conditions	Yes <input type="checkbox"/>	<b>Please list below</b>
		1.
		2.
		3.

NAME OF STUDENT / INDIVIDUAL

**PART B – FOOD ALLERGIES AND ANAPHYLAXIS**

Food Item	Allergy / Intolerance	Anaphylaxis	Allergen / Intolerance Details / Other Comments
Nut Allergy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gluten	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dairy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please select milk alternative if appropriate <b>Note: nut-based milk is NOT permitted</b> <input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> No alternative
Eggs	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sesame	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Soybean	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seafood	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any other known foods which may cause an allergic or anaphylactic reaction to the person listed on this form	Yes <input type="checkbox"/> Please list below	<b>Anaphylaxis</b>	
	1.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PART C – OTHER FOOD RESTRICTIONS**

**PLEASE PLACE AN [X] WHERE RELEVANT**

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"/>	

**DO EITHER OF THE FOLLOWING OPTIONS APPLY?**

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

## Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name			Date of Birth		
Gender M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> I/They use different term (please specify) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>					
School			School Year		
Parent/Carer Name			Address		
Telephone Contact		Mobile	Home	Business	
Emergency Contact 1			Telephone		
Emergency Contact 2			Telephone		
Name of Qualified Health Professional			Telephone		

Section B – Medical Information	
Please tick if your child suffers any of the following:	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Sight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
Please identify whether your child is presently taking any medication: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> <li>For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication).</li> <li>For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>.</li> </ul>	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ol style="list-style-type: none"> <li>the provision of first aid;</li> <li>the provision of analgesics;</li> <li>treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).</li> </ol>	
<p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p>	
<p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p>	
<p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID	Entered into SAS	<input type="checkbox"/>	Date