



29 April 2022

Dear Parents and Year 12 Students,

Our annual Year 12 Camp is occurring from Thursday 26 to Friday 27 May (Week 6). The aim of the camp is to provide a constructive time for staff and students to get to know each other better, with some learning & personal development on time management, study strategies and student's goals and aspirations for the years ahead. The camp will also focus on the students' leadership role within the College. The camp will be supervised by Year 12 teachers, mentors, senior staff and support staff.

Please note that these are normal school days. All Year 12 students are expected to attend. To achieve this, two valuable school days have been set aside and we urge all students to use this Year 12 camp time to their best advantage. No Year 12 classes will run at the Grevillea Drive campus on these days.

Normal College rules will apply, including no smoking. This is an alcohol and drug free event and students deemed to be under the influence or in possession of alcohol and drugs will have parents contacted and will be sent home immediately.

#### **Accommodation**

Overnight accommodation will be at the Discovery Holiday Park, 4.5kms south of Alice Springs on Palm Place. As we believe this program will be beneficial to students, the College has covered all costs of accommodation, transport and meals.

Although the "bunk house" provides enough bunk style bedding to accommodate our students, they do not provide pillows or linen. Students will be expected to bring their own pillows, sleeping bags, swags or linen.

#### **Transport**

Buses will transport students from the school from 8.30am on Thursday 26 May. Students must travel on the College bus with the student & staff group. Permission to drive independently will not be granted and student vehicles are not permitted within the holiday park. Students will return by 2.30pm on Friday 27 May.

#### **Swimming**

Students will have some time at leisure including the use of swimming pools at the venue. The attached consent form contains a specific section requiring information on students' swimming abilities as well as a specific consent that your child be permitted to swim.

#### **Program**


Daily program information will be sent to families closer to the date.

#### **Equipment List – students to bring:**

1. Pillow, sleeping bag, swag or linen
2. Clothes and swimmers
3. Pen and writing materials
4. Toiletries and Towel
5. Sunscreen and insect repellent
6. Torch
7. Musical instrument (optional)

Please contact the College on 8958 5000 if you have any questions regarding these arrangements.

Kind regards

  
Mark Goonan  
Year 12 Coordinator

  
Joanne Alford  
Principal



5 May 2022

Dear Parents and Carers,

Your student has the opportunity to participate in an overnight school excursion and as such, we write to provide information for your consideration as we start to live with COVID and get back to running more school activities for students to learn and enjoy.

Excursion notes will be sent home shortly, however, for our school to provide accurate costs for the overnight excursion, we seek your agreement on the below requirements, to determine how many students will attend.

The Department of Education has provided guidance for schools, to ensure the appropriate risk assessments and management strategies are completed, and students are kept as safe as possible whilst attending overnight school excursions. The initial requirement for overnight excursions is that the excursion site **must** be less than 250 km (2.5 hours) drive from the school.

Below are the detailed requirements for students to be able to attend overnight excursions.

Please complete the below section of this form and tick all the boxes you consent to.

I \_\_\_\_\_ (insert name) parent/carer of \_\_\_\_\_  
agree to:

- Parent/carer consent to provide evidence to the school delegate, detailing two negative Rapid Antigen Test results (1 x 48 hours prior to departure and 1 x on day of departure). Tests will be provided by the school.
- Parent/carer consent for the student to participate in daily testing for the remainder of the excursion, if the student is identified as a COVID-19 close contact, or if the student displays symptoms of COVID-19.
- Parent/carer agreement for school staff to support the student in self-administering a Rapid Antigen Test whilst on the excursion if required.
- Parent/carer written agreement that they will immediately collect their child from the excursion to ensure any isolation periods required are as short as possible, should their child test positive for COVID-19.

Signed: \_\_\_\_\_

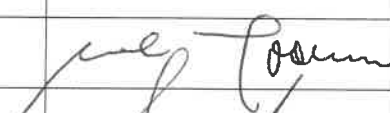

**\*\*Please note: Parents/carers will need to agree to all requirements to ensure attendance.**

If you have any queries/concerns, please organise a time with the school to speak with the principal.

If you agree to the requirements above, please return this letter by 19 May 2022.

# Permission for student to attend excursion

## Parent consent form

Excursion details (to be completed by school)			
School name	Centralian Senior College		
Teacher in charge	Mark Goonan	Class/Year/Subject	Year 12
Likely number of children participating	~60		
Likely number of staff participating	~10		
Anticipated ratio of educators to children	1:6		
A risk assessment has been prepared for this excursion and is available upon request.			
<b>Purpose of the excursion</b>			
Annual Year 12 Team Building & Goal Setting camp			
<b>Details of the destination</b>			
Discovery Holiday Park			
<b>Times and dates of the excursion</b>			
From time	8.30am	From date	26/05/2022
To time	2.45pm	To date	27/05/2022
<b>Student requirements: e.g. sun protection, running shoes</b>			
Packing list provided			
Planned transport	Charter bus		
<b>Costs associated with the excursion</b>			
Excursion costs (\$)	\$0	Suggested spending money (\$)	\$20 discretionary
Teacher in charge	Mark Goonan	Form return date	19/05/2022
Teacher signature		Date	06/05/2022
Principal signature		Date	6/5/22

<b>Student details (to be completed by parent/guardian)</b>			
Please complete all details below and return to the Teacher in Charge by the return date. Failure to do so may result in your child being unable to participate in the activity.			
<b>Student's family name</b>		<b>Student's given name</b>	
<b>Student's date of birth</b>		<b>Student's gender</b>	Male/Female/Other
<b>Contact details</b>			
<b>Parent/guardian's name</b>		<b>Emergency contact</b>	
<b>Preferred contact</b>	Work/Home/Mobile	<b>Preferred contact</b>	Work/Home/Mobile
<b>Work</b>		<b>Work</b>	
<b>Home</b>		<b>Home</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Student's medical details</b>			
<b>Known allergies e.g. drug reactions</b>			
<b>Dietary restrictions</b>			
<b>Date of last tetanus injection</b>			
<b>Is the student under medication?</b>	Yes/No		
<b>If yes, name medication and attach instructions</b>			
<b>Has your child any special medical condition, physical or psychological limitations or cultural restrictions which may affect her/him whilst taking part in any activities?</b>	Yes/No		
<b>If yes, please provide full details, attach information if necessary. Please provide any other information which you believe may help staff provide the best possible care.</b>			

<b>Student's swimming ability</b>	
In relation to the proposed swimming activity in my opinion, my child is:	
<b>A non-swimmer: my child is unable to swim</b>	Yes/No
<b>A weak swimmer: my child is comfortable and confident in shallow water but is not very strong or confident in deep water. My child cannot swim more than 10 meters</b>	Yes/No
<b>An average swimmer: my child is a reasonable swimmer and can swim 25 metres and is confident in deep water</b>	Yes/No
<b>A strong swimmer: my child is a strong swimmer and can swim more than 50 metres and is confident in deep water</b>	Yes/No
<b>My child is permitted to go in the water</b>	Yes/No
<b>What level has the student achieved in the RLSSA Swim and Survive Program?</b>	
<b>If known provide the date it was achieved</b>	
In addition to parental assessment of a student's swimming ability, assessment of an individual's swimming proficiency is conducted by the school/teacher before participating in any aquatic program or activity.	
<b>Parent/guardian's name</b>	<b>Date</b>
<b>Parent/guardian's signature</b>	

**Parental consent**

Your attention is drawn to the following important points:

- Students are under the teacher's/supervisor's authority for the duration of the excursion. A student may be returned home at the expense of the parent/caregiver if the teacher/supervisor considers that circumstances warrant such action.
- The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm.
- Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent/guardian of the student. Parents may wish to take out additional insurance to cover such costs.
- Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student.
- Students are not permitted to transport other students in vehicles regardless of written permission being provided.
- The parent/guardian is responsible for informing the school/preschool of any change in consent to their child attending an excursion and of any changes to student medical details.
- Privacy Notice: The Department of Education collects the information on this form in accordance with the Excursions Policy, and may disclose this information to third parties in connection with this excursion. Failure to provide this information may result in your child being unable to attend the relevant school excursion. For further information, or to access the information you provide on this form please contact your child's school.

<b>Permission is given to attend this excursion</b>	Yes/No		
<b>Permission is given for school staff to administer first aid if required</b>	Yes/No		
<b>Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable.</b>	Yes/No		
<b>Where the excursion involves aquatic activities, I consent to my child swimming with supervision</b>	Yes/No		
<b>If required, I agree to provide an approved child restraint/booster seat</b>	Yes/No		
<b>Parent/guardian's name</b>		<b>Date</b>	
<b>Parent/guardian's signature</b>			

**Further information**

Return the completed form to the school.