



# Armidale Secondary College

February 2019

## Excursion: Year 9 Lake Burrendong Excursion

Dear Parent/Guardian

The yearly excursion for Year 9 will be to Lake Burrendong, one hours drive east of Dubbo. This is a great opportunity to make new friendships, engage in physical activity and practice resilience and wellbeing methods. Please read the information below and complete the forms provided AND online at: <https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform>

Though the cost is higher than previous years, it can be paid off in instalments over the next few months. The school can also be contacted for possible financial assistance. Please note the information is subject to change closer to the date.

**Date:** Tuesday 30/4/2019 – Friday 3/5/2019. Week 1 Term 2

**Time:** 8am Tuesday – 4pm Friday

**Cost:** \$450, can be paid in instalments. All payments are due by the 5<sup>th</sup> April 2019.

**Please enclose \$50 as deposit to secure you place on the excursion.** This will come out of the total

**Dress:** Appropriate casual – see information attached.

**Accommodation:** Lake Burrendong Sport and Recreation centre – See information attached.

205 Tara Rd Mumbil 2820, phone number: 02 6846 7403

**Activities/other info:** See information attached. You will need to bring lunch on the first day.

Yours sincerely,

Two handwritten signatures in black ink, one above the other, representing the Year Advisers.

Tobie White, Nathan Craven  
Year Advisers

A handwritten signature in black ink, representing the Principal.

Carolyn Lasker  
Principal

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Crest Rd  
PO Box 751  
Armidale NSW 2350

Phone: 02 6772 1266  
Email: [armidale-s.school@det.nsw.edu.au](mailto:armidale-s.school@det.nsw.edu.au)

Website: [armidale-s.schools.nsw.gov.au](http://armidale-s.schools.nsw.gov.au)

## Year 9 Lake Burrendong Excursion

### Clothing and Equipment:

**Luggage-** Luggage should be limited to one bag equivalent in size to airline 'carry on' luggage with maximum weight of 10kg and a separate sleeping bag, plus a small backpack per child.

### For school camps, pack:

Please label all clothing, towels and sleeping bag with your child's name.

- Shorts and t-shirts (no singlets, sleeveless or midriff tops)
- Jeans
- Jumpers and tracksuit pants
- Socks and underwear
- Raincoat
- Warm jacket (winter only)
- Three layers of warm clothing
- Pyjamas
- Swimming costume and rashie shirt
- Sunscreen, sun hat and sunglasses
- Two pairs of running shoes (one old pair to wear in the water)
- Toiletries, soap, lip balm and insect repellent (no aerosols)
- Two towels
- Pillow, sleeping bag or doona and two single flat sheets
- Day backpack
- Paper, pens or pencils
- Plastic bags for dirty or wet clothes
- Medication (if required)
- Handkerchief or tissues
- Water bottle

### What not to bring:

- Aerosol cans
- Lollies or chewing gum
- Jewellery
- Valuables

### Prohibited

Drugs, cigarettes and alcohol are not allowed at camp and any student found using or in possession of these items may be removed from the Centre. Students found in possession of illegal drugs will be reported to the police immediately as per Department of Education Policy.

**If prohibited materials are found or if there is a failure to comply with normal school rules, parents will be contacted to collect their child from the venue.**

**Itinerary:**

Tuesday 8am – Travel to Lake Burrendong via Edwards Coaches. There will be planned stops along the way for breaks and lunch.

Tuesday 3pm – Arrive at Lake Burrendong Sport and Recreation Centre

Wednesday to Thursday – Educational, physical and wellbeing activities at Lake Burrendong

Friday 8am – Travel to Armidale via coach. Estimated time of return: 4pm

The school will be updated the during day as to the arrival time.



Office  
of Sport

Dear Parents and Guardians

Your child is about to attend a Sport and Recreation school camp at Lake Burrendong Sport and Recreation Centre organised through Armidale Secondary College. Prior to the camp all students must complete a Medical and Consent Form prior to attending.

The information that Sport and Recreation needs about your child includes:

- medical conditions
- food related allergies
- special diets
- medication
- emergency contact details
- media consent

Sport and Recreation needs you to complete this form on behalf of your child. The form is available online and is easy to complete. Once you submit the form the information is sent to the Centre so the staff can prepare for your child's visit. Please complete the Medical and Consent Form at:

Please complete the Medical and Consent Form at:

<https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform>

It is vital that you enter the following details to complete the online form by **Tuesday, 9 April, 2019** .

**Booking Number: 550576**

**Booking Start Date: 30/04/2019**

**Booking Venue: Lake Burrendong Sport and Recreation Centre**

For information on camp life and what to pack, go to  
[sportandrecreation.nsw.gov.au/schoolcampparentinfo](https://sportandrecreation.nsw.gov.au/schoolcampparentinfo)

## Permission Note

### Year 9 Lake Burrendong Excursion

Please return the consent, medical information and aquatic permission forms to the front office before Friday 5<sup>th</sup> April 2019 (week 10). All payments are due at this time.

I hereby give permission for my son/daughter/ward \_\_\_\_\_

to participate in the Year 9 excursion approved by the principal to Lake Burrendong Sport and Recreation Centre from 8am Tuesday 30/4/2019 to 4pm Friday 3/5/2019 (Week 1 Term 2). Transport will be by Edwards Coaches. The cost is \$450 which includes travel, accommodation, food and activities.

Please circle: my son/daughter/ward **can/cannot** swim 50m unassisted.

I understand that all possible care will be taken to ensure the welfare of students. However, I realise that circumstances could arise which necessitate a teacher making decisions in relation to my child's welfare without there being the opportunity to refer to me. I thereby agree to abide by such decisions made in good faith. In the event of accident or illness where my child requires transport or admission to hospital, I agree to pay all costs incurred.

I am aware that the trip includes overnight stays and the opportunity for swimming.

#### Mobile phone use

I (student name) \_\_\_\_\_ **will not** distribute photos or video of other persons without direct consent from their legal guardian, and **I will not** use a mobile phone or digital device to knowingly search for, link to, access or distribute anything that is:

- offensive
- pornographic
- threatening, abusive or defamatory
- considered to be bullying

Student signature: \_\_\_\_\_

Parent/caregiver name: \_\_\_\_\_

Parent/caregiver signature: \_\_\_\_\_

Date \_\_\_\_\_

AQUATIC PERMISSION

**Structured aquatic activities - advice**

The excursion will involve structured aquatic activities: **swimming and water activities under the supervision of nominated instructor and teachers.**

These activities will take place at: Lake Burrendong

**Structured aquatic activities - response**

In relation to the proposed structured aquatic activities (please circle response):

My child is **permitted** to go in the water

My child is **not permitted** to go in the water

.....

Signed parent / caregiver

My child is permitted to go in the water (please circle response):

**A non-swimmer:** My child is unable to swim

**A weak swimmer:** My child is comfortable and confident in shallow water but cannot swim very well

**An average swimmer:** My child is a reasonable swimmer but is not very strong or confident in deep water

**A strong swimmer:** My child is a strong swimmer and is very confident in deep water

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Signed parent / caregiver

MEDICAL INFORMATION

Student name: .....

Class: .....

**Medicare number .....**

**Parent or caregiver contact details**

Name:

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Address:

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Home phone: .....

Work: .....

Mobile: .....

**Doctor contact details**

Name:

.....

Address:

.....

.....

Doctor's telephone:                      1. ....                      2. ....

**Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)**

1. Name: .....

Phone: .....

2. Name: .....

Phone: .....

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

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Outline special dietary needs including possible reaction to inappropriate diet

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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

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Signature: .....

Date: .....

Please return this form  
before departure: