

28th October, 2022**Stage 2 & 3 (Years 3, 4, 5 & 6) QCCC Tamborine Excursion****23rd – 25th November, 2022****Please keep in a safe place**

Dear Parent/Carer,

This package contains information about our QCCC Tamborine excursion, including a 'what to bring' list.

Please return the Parent Consent, Behaviour Contract, Medical Information Form & Ambulance Cover**(Pages 11, 13, 15, 17 & 19) to the school office by Friday, 4th November**. Without the signed return of these forms (medical information, parent consent, ambulance cover and behavior contract) students will not be able to attend.**Please note: The medication form/s and medicine must be handed to Mrs Titcume on the morning of departure.**

Accommodation	QCCC Tamborine
Where	Tamborine Mountain, QLD
Days / nights	3 days and 2 nights
Arrive at school	Wednesday, 23 rd November by 7.45am
Return to school	Friday, 25 th November by approximately 5.15pm
Staff	Mrs Titcume, Mrs Taylor, Mrs Smidt, Mrs Coleman, Mr Bodhi, Ms Bx
Travel	Simes Bros Coaches
Cost	\$150.00

ACCOMMODATION

Students will stay in lodging accommodation with an ensuite.

FOODAll meals will be provided (apart from morning tea, lunch and afternoon tea on Day 1), including breakfast, morning tea, lunch, afternoon tea, dinner and supper. **Students are required to bring morning tea and lunch in their backpack on the bus on the first day.**

Meal times on the excursion are -	Breakfast	7.30am
	Morning Tea	10.30am
	Lunch	12.30pm
	Afternoon Tea	3.00pm
	Dinner	6.00pm
	Supper	9.00pm

TRAVEL

- Students need to be at Lismore South Public School by **7.45am** on **Wednesday, 23rd November** in casual clothes.
- You will need to pick up your child from Lismore South Public School at **5.15pm** on **Friday 25th November**. Please be on time as we will all be tired.



CONTACT WITH STUDENTS WHILE AT QCCC TAMBORINE

Please **DO NOT PHONE QCCC Tamborine**. If you have an emergency and need to convey an urgent message to your child, **PHONE THE SCHOOL on 6621 3433** between 8.30am – 3.30pm (Staff will relay message). An emergency after hours contact number is 0476 027557. This is for emergency purposes only, not for 'checking in'.

EXCURSION UPDATES

Please ensure you have signed up for the Skoolbag and class Dojo App free on your mobile device to keep up to date with what we are up to.

CONSENT FORMS AND BEHAVIOUR CONTRACT

Included in this information package are the final consent forms for this excursion. Please fill them out carefully and include any relevant information that we will need to know in order to care for your child whilst on the excursion.

A Student Behaviour Contract and Parent Caregiver Agreement is also included. This contract states that if a student behaves in a manner that:

- puts people at risk, including themselves (including leaving supervision or absconding)
- causes delays, interruptions or cancellation of excursion events
- is aggressive (verbally or physically); repeatedly disobedient/ argumentative.

Mrs Titcume will contact the Principal, Mrs Polak, who will inform you so immediate arrangements can be made to have your child collected and removed from the excursion.



Gaye Titcume
Assistant Principal

Larissa Polak
Principal



A Message About DOJO on Excursions

During the excursion, the staff will make every effort to take photos of activities and events and post them to DOJO.

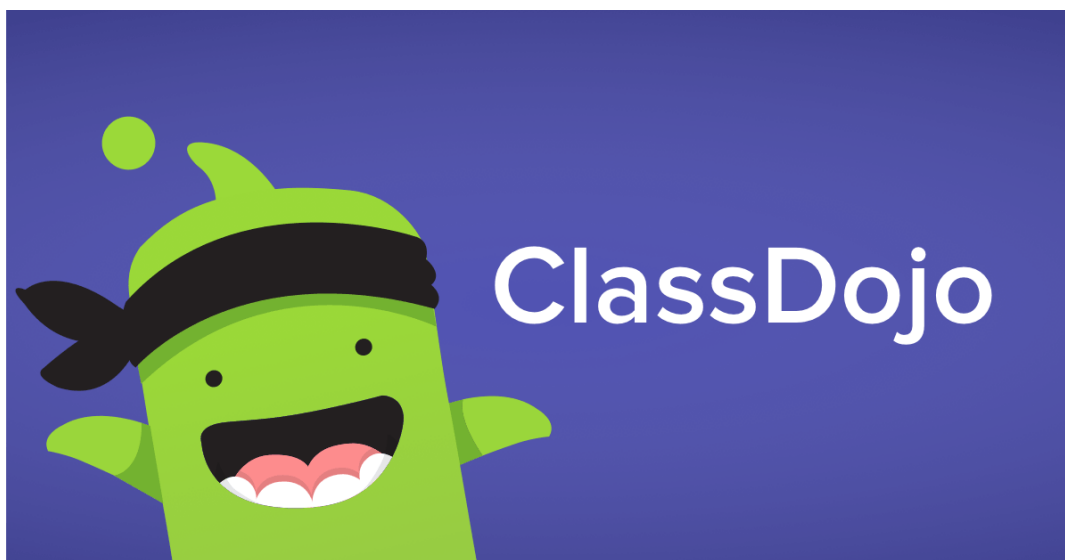
However, please remember that the prime responsibility of the staff members attending the excursion is to ensure the safety and wellbeing of the children. Staff work long hours on excursions and give up time with their own families to provide opportunities for the students they work with.

It is not reasonable to expect that every child on the excursion will have a photo of themselves, or their group, posted to DOJO. The staff are capturing images whilst fulfilling their duty of care requirements, which on excursions are above and beyond their day to day duties in a school setting.

We respectfully ask that parents refrain from messaging staff on the excursion to request a photo of their child be posted on DOJO. Unfortunately, we are not able to respond to these messages.

If you have any questions or queries regarding DOJO on the excursion, please don't hesitate to contact the school.

Larissa Polak
Principal





Itinerary – What’s happening while we are at QCCC Tamborine

Wednesday, 23rd November	<ul style="list-style-type: none"> - 8.00am depart LSPS - Morning tea at Palm Beach - Thunderbird Park – Putt Putt Golf & Rock Fossicking and lunch - 1.30pm arrive QCCC Tamborine – group activities commence
Thursday, 24th November	<ul style="list-style-type: none"> - Circus Skills - Glider Possum - Nature Workshop - Archery - Bush Skills
Friday, 25th November	<ul style="list-style-type: none"> - Wilderness Explorers - Tree Climb - Giant Swing - Archery





Stage 2 & 3 (Years 3, 4, 5 & 6) QCCC Tamborine Excursion

“WHAT YOUR CHILD NEEDS TO BRING TO CAMP”

CHECKLIST FOR PARENTS

Please keep in a safe place

	Packed	Item	Details
Food		Morning Tea, Lunch & Afternoon Tea	For first day only
		Water bottle	To be packed in school bag and brought on the bus
Medication		Personal medication (please see attached sheet)	We have first aid kits on site
Sleeping		Pillow, bottom sheet, sleeping bag or blanket	Essential
Toiletries		Toilet bag	Soap, toothbrush/paste, deodorant (roll on only), shampoo/conditioner, hair brush etc.
		Sunscreen	Essential
		Insect repellent (roll-on)	Recommended – no spray cans
		Towels x 2	For showering and water activities
Clothing		Hat	Mandatory
		Shorts/ tee shirts	For 3 days Do not bring expensive clothing You do NOT need a school uniform
		Underclothing	Plenty of spares
		Pyjamas	Essential
		Long pants	For afternoon/night activities
		Socks x 3	Thick socks recommended
		Swimwear, rash shirt and board shorts	For swimming and kayaking
		Raincoat	Even if it's not raining
		2 pairs of shoes	Strong sneaker type for walking
		Thongs	To wear around the accommodation
	Jacket, jumpers	For afternoon/night activities and cold mornings	
Miscellaneous		2 Large garbage bags	For dirty/wet clothes and shoes
		Torch	Recommended
		Notebook & pencil	Optional
		Small back pack	To bring on the bus with morning tea, lunch & afternoon tea
		Book	Optional

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PRESCRIPTION MEDICATION

ALL MEDICATIONS & THIS FORM MUST BE HANDED DIRECTLY TO MRS TITCUME ON THE MORNING OF DEPARTURE.

TRAVEL SICKNESS MEDS TO BE TAKEN BEFORE BOARDING THE BUS.

All prescription medication must be in its original container labelled with the patient’s name and doctor’s dosage directions.

Place all these medications and equipment with this form in a clear snap lock bag labelled with the student’s name.

Stage 2 & 3 (Years 3, 4, 5 & 6)
QCCC Tamborine Excursion

STUDENT NAME

PLEASE COMPLETE:

I give permission for the supervising teacher/s to administer the following:

.....

.....
Signed Parent/Carer

Date

Medication (3)

Dosage:

Time/s:

Other info:

Medication (1)

Dosage:

Time/s:

Other info:

Medication (4)

Dosage:

Time/s:

Other info:

Medication (2)

Dosage:

Time/s:

Other info:

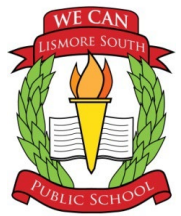
PLACE THIS SLIP IN THE PRESCRIBED MEDICATIONS SNAP LOCK BAG and hand to Mrs Titcume on the morning of departure.

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JUST-IN-CASE MEDICATION

PLEASE GIVE MEDICATIONS TO MRS TITCUME BEFORE BOARDING THE BUS.

Other “just-in-case” medication should also be in its original container or blister pack with clear dosage directions.

Place all these medications and equipment in a clear snap lock bag labelled with the student’s name.

They could include Panadol or similar pain medication, Travel Calm, Zyrtec or other allergy medication.

If you are unsure please check with the teacher.

Please complete:

I give permission for the supervising teacher/s to administer the following:

.....

.....
Signed Parent/Carer

Date

Medication (1)

Dosage:

Time/s:

Other info:

Medication (2)

Dosage:

Time/s:

Other info:

Stage 2 & 3 (Years 3, 4, 5 & 6)

QCCC Tamborine Excursion

STUDENT NAME

Medication (3)

Dosage:

Time/s:

Other info:

Medication (4)

Dosage:

Time/s:

Other info:

**PLACE THIS SLIP IN THE
JUST IN CASE MEDICATIONS
SNAP LOCK BAG and hand to Mrs Titcume
on the morning of departure.**

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Dear Parent/Carer,

Students in 3 Binging, 3 /4 Wajung, 4/5 Junbung, 5/6 Mulayum and 5/6 Bowie who previously returned their expression of interest note will visit QCCC Tamborine. QCCC is one of Queensland's premiere conference and camping facilities, hosting hundreds of school camps. QCCC Tamborine offers modern accommodation, world-class catering and an extremely comfortable, versatile venue. It is the perfect school camp offering a variety of outdoor, adventurous experiences.

Details are:

WHEN: Wednesday, 23rd November to Friday, 25th November

TIME: Depart LSPS: 8.00am Return LSPS: 5.15pm

WHERE: QCCC Tamborine, QLD

TRANSPORT: Bus

SUPERVISING TEACHERS WITH CPR AND EMERGENCY CARE: : Mrs Titcume, Mrs Taylor, Mrs Smidt, Mrs Coleman

COST: \$150.00 *Includes non-refundable deposit of \$100

Student's Name: _____ **Class:** _____

YES, I hereby give permission for my child to attend the QCCC Tamborine Excursion from Wednesday, 23rd November – Friday, 25th November 2022. I understand travel to and from the venue is by bus.

Payment options:

I would like the amount of \$_____ to be deducted from my child's Education Hardship Fund

I have made a payment of \$_____ via Parent Online Payment (POP) **Receipt No.** _____
Please allow 2 days for processing

Enclosed is \$_____ cash

I agree to delegate my authority to the staff and instructors involved.

I authorise the teachers to obtain medical assistance, which they deem necessary, should an accident occur and agree to cover medical expenses incurred on behalf of my child.

I understand that if my child's behaviour presents an unreasonable or likely risk to the safety of anyone or the disruption of the excursion, he/she will not participate in the excursion activities, and face possible removal from excursion (as per page 2).

Parent/Carer NameSignature..... Date

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2 & 3 (Years 3, 4, 5 & 6) QCCC Tamborine Excursion

BEHAVIOUR EXCURSION CONTRACT

This contract is to be signed by student in order to participate.

I _____ of class _____ agree to accept the following conditions which apply to this excursion.

1. All instructions given by teachers, activity staff, learning support officers, support personnel and the camp staff will be carried out in a polite and cooperative manner.
2. Students must remain with the group at all times while on the excursion.
3. Students will consider the safety of themselves, their peers, their teachers and other people involved with the excursion.
4. Students will be on time and in the right place to avoid delays or missing events.
5. Students will respect the rights and property of others at venues by making space for others, taking turns and obeying signs.
6. Students must not leave the camp area at any time, except with the supervising staff member's permission.
7. Students will be expected to behave in a way that allows everyone to rest and sleep after lights out.
8. Students must remain in their rooms once the staff announce bedtime and may not leave without the staff's permission.
9. Chewing and bubble gum is not permitted at any time on the excursion.
10. Students must respect and take care of all equipment and facilities they use. The students will be responsible for the cost of the repair or replacement of any damaged items.
11. Students will be responsible for keeping their gear and room tidy at all times.

Student Name: _____ Date: ____/____/____

Student Signature: _____

If students do not comply with these expectations parents will be contacted and asked to collect their child from the excursion.

PARENT AND CAREGIVER AGREEMENT

As a parent/carer of _____ (student name), I _____ give my consent for him/her to attend an excursion to QCCC Tamborine from the Wednesday, 23/11/2022 to 25/11/2022 according to the above conditions.

(Please Tick)

___ I agree to delegate my authority to the teachers involved. I understand that my child is expected to behave safely, responsibly and respectfully.

___ I agree to collect my child from the excursion if asked to do so by the principal.

PRINT NAME OF PARENT DELEGATING AUTHORITY: _____

Parent Signature: _____ Phone No. _____ Date: _____

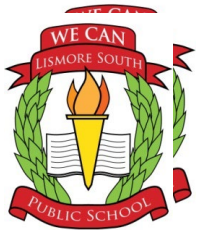
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Confidential

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Medical Information Form

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student name:	Class:
Date of Birth:	Medicare number:
Health fund:	Health fund number:
Ambulance Cover – Fund:	Fund Number:

Parent / Carer Contact Details 1

Name:		
Address:		
Phone (h)	Phone (m)	Phone (w)

Parent / Carer Contact Details 2

Name:		
Address:		
Phone (h)	Phone (m)	Phone (w)

Emergency Contact 1

Name:		
Relationship to child:		
Phone (h)	Phone (m)	Phone (w)

Emergency Contact 2

Name:		
Relationship to child:		
Phone (h)	Phone (m)	Phone (w)

Medical Contact Details

Doctor's Name:	
Address:	
Phone:	Date of last tetanus shot:

Does your child suffer from travel sickness (Please circle): Yes No

Describe your child's swimming ability (Please circle): Poor (5m) Average (25m) Competent (50m)

Please turn over page



ALLERGIES: Detail any allergies that may cause reactions or distress eg, penicillin, bee stings, food etc. Give details of medication used.

ILLNESS / MEDICAL CONDITIONS: Outline any existing medical conditions or illnesses eg: asthma diabetes, epilepsy, etc. Outline the treatment for each.

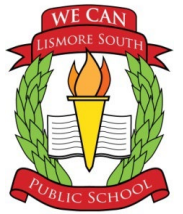
MEDICATION: Does your child take any special course of tablets or medicine which we would need to monitor?

FOOD: Describe any special dietary needs due to allergies, intolerances, vegetarian diet, etc.

FURTHER INFORMATION you think is relevant to your child's well-being: (e.g. bed wetting, sleep walking etc.)

Signature:

Date:



PLEASE RETURN TO SCHOOL by Friday, 4th November

Ambulance Cover

Stage 2 & 3 (Years 3, 4, 5 & 6) QCCC Tamborine Excursion

This is to make you aware that NSW and Queensland do not have a reciprocal ambulance scheme. This therefore means that if your child has an injury or illness whilst on the QCCC Tamborine excursion that requires an ambulance to be called, unless you have private ambulance cover (from a health insurance provider), you will be liable for any expenses incurred.

If you are the holder of a current Australian Government Health Care Card you **MAY** be covered for ambulance in Queensland – please phone Centrelink to confirm this.

Please fill in and return the attached note to indicate you understand and agree to the conditions that are required for your child to travel to Queensland on this excursion.

Please be advised that your child will be unable to attend the QCCC Tamborine Excursion if the attached note is not signed and returned before departure.

Yours sincerely,

Larissa Polak
Principal

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Stage 2 & 3 QCCC TAMBORINE EXCURSION

AMBULANCE COVER

I understand that if my child _____ requires an ambulance to be called whilst on the QCCC Tamborine Excursion in Queensland, and I don't have private ambulance cover, I am liable for any expenses incurred.

Signature _____
Parent/Carer

Date ___/___/___

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Lismore South Public School years 3-6
QCCC Tamborine
23th- 25th November 2022
Consent form

PARTICIPANT - _____ DATE OF BIRTH - ___/___/___

PARENT/CARER (if participant under 18) - _____

PHONE NO. HOME - _____ WORK - _____ MOB - _____

Medicare Number - _____ Private Health Fund - _____

- At Vertec Adventure we are proud of our industry leading safety standards and safety record however being in the outdoors with many external environmental influences, there is an element of risk. I acknowledge and accept that there are environmental risks in the Australian bush, as an example but not limited to..sunburn, heat exhaustion, dehydration, insect and animal bites and stings, sticks, rocks and sharp objects, environmental allergens, falling branches, rain, hail and lightning, drowning and hypothermia to name a few.
- I am aware of the activities contained within my program and understand there is activity risk involved. Vertec Adventure programs can include archery, Big group games, team initiatives, challenge high ropes elements, abseiling, climbing, bush cooking on fires, orienteering, nature and bush walks, mountain bike riding, fishing, kayaking, survival scenarios, swimming, raft building and circus skills. These activities all can have some element of risk, including conditions arising from physical exertion, bruises, or other wounds, injury or death. At Vertec Adventure we are constantly keeping risk management in check and the safety of our clients is of the highest importance but please be advised that there can be rare incidents arising from participating in activities.
- I realise that I am in the outdoors and need to take appropriate action to protect myself from sunburn, cold and dehydration. I agree that if at any time I feel the need of a drink, sun or cold protection or am feeling pain or any other concern that I will inform the staff of Vertec Adventure immediately.
- I acknowledge that I should seek medical advice if I know or suspect that my or the above named participant's physical condition may be incompatible with the Activities on this program.
- I acknowledge that I am required to wear approved safety equipment while participating in certain Activities. I am aware that there are instructors available to answer any questions I may have as to the proper use of any equipment.
- I further state that I will listen carefully to directions and rules and respect the advice of those supervising my activities.
- I indemnify and keep indemnified Vertec Adventure and all of their respective agents, officers and employees (each an indemnified Person) from, against and in respect of any and all losses, damage/s, claims actions, suits, proceedings, demands, costs, expenses and liability (however described) incurred or sustained by or made brought against any Indemnified Person and arising from or in connection with these conditions, the Programs and/or the activities and the illness or death of a personal injury to any person whomsoever, except to the extent that such actions, suits, claims, demands and proceedings result from any negligent or unlawful act or omission of Vertec Adventure.
- I authorize the facilitators to obtain medical attention as required and to contact me or the emergency contact immediately where possible. I also undertake to pay any costs which may be incurred for the medical treatment and drugs.
- Unless box checked below, I do not object to photos being taken with the participant named above, included during the course of the program being used for advertisements, promotion or general documents pertaining to Vertec Adventure. **No photos please**

Name (Parent, carer or legal guardian if participant under 18):

Signature (Parent, carer or legal guardian over 18 to sign):

_____ Date: ___/___/___

Privacy

This Medical and consent form is intended to be used to assist the Vertec Adventure instructors in the case of any medical treatment required or medical emergency involving a participant taking part in outdoor adventure activities. A completed copy of this form must be taken to the camp or activity. All information gathered will be kept in strictest confidence and used exclusively for the purpose to which it was intended according to the Vertec Adventure privacy policy.

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