



Payment due: 2 August 2024

Year 4 Camp – Birrigai Permission Note

I give permission for my child _____ in year _____ to attend the Majura Primary camp to Birrigai. Departing Monday 26 August at 9.00am and arriving back Wednesday 28 August at 3.00pm, travelling by coach.

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.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The [Medical Information and consent](#) form only needs to be completed once/year prior to the first excursion. 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 camp (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

If yes, please provide these details

_____.

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No	
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.					

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____



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(Please complete and return this form to the school front office or email to admin@majuraps.act.edu.au)

Year 4 Camp - Birrigai
Cost: \$290

PAYMENT SLIP

I am paying the amount of \$

Student Name/s:

Payment options

Please note that our preferred method of payment is via **Sentral pay** on the Parent Portal.
Sentral Pay by Ezidebit is a fast and convenient way to make contributions.

- Sentral Pay** via Parent Portal
- [Quickweb](#)
Payment Options: Excursions
Description: (Yr 5 Band – *Student Name*)
- Credit Card/EFTPOS at the school office

Receipt No:

Date Paid:

The school has made every effort to keep costs for this camp at a minimum. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the principal. Please contact the front office or email the principal to discuss payment options if required.

Students will not be permitted to participate in the camp if payment or a payment arrangement has not been made.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.