



Permission notes and Payment due: 14 February 2025

Year 6 Camp Cooba 2025 Permission Note

I give permission for my child _____ in year 6 to attend the Majura Primary camp to Cooba Sports and Education Centre in Berridale, NSW. Departing Monday 3 March at 8:00am and returning Wednesday 5 March at 3:30pm, travelling by coach. Camp Cooba provides a stunning location for students to engage in a series of challenging yet fun outdoor activities that are designed to provide opportunities for developing self-esteem, independence, team building, peer support and leadership skills, which support our physical education, health and wellbeing programs. Students will be challenged with outdoor activities such as ropes courses, archery, gladiator challenges and various games.

I agree to my child participating in the activities associated with this camp mentioned previously. I have discussed with my child the need for expected behaviour on this camp. 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 camp.

I agree that my child will be under the authority of the school for the duration of the camp 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 is attached and needs to be completed prior to the first excursion each year. Please give as much information as possible so we can pass this information on to the camp organisers.

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 camp?

Yes No

If yes, please provide these details:

Please provide the following information:

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

Parent/Carer consent:

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)
Spare notes may be obtained from the front office

Year 6 Camp Cooba 2025
Camp Cost - \$400.00

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 - (Instalments may be made via Sentral Pay)

[Quickweb](#) Receipt No:
Payment Options: Excursions
Description: (Year 6 Camp – Student Name) Date Paid:

Credit Card/EFTPOS at the school office

The school has made every effort to keep costs for this excursion to a minimum. If necessary, parents can confidentially discuss support to meet the cost of the excursion with the principal. Please contact the front office to make a time with the principal or email liz.bobos@ed.act.edu.au to discuss payment options.

Payment	Due date	Amount	Tick instalment being paid
Instalment 1	29 November	\$100.00	<input type="checkbox"/>
Instalment 2	13 December	\$100.00	<input type="checkbox"/>
Instalment 3	13 January	\$100.00	<input type="checkbox"/>
Instalment 4	14 February	\$100.00	<input type="checkbox"/>

Students will not be permitted to attend 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.