



# HILLSIDE PUBLIC SCHOOL

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30/08/22

## YEARS 5 & 6 CAMP YARRAMUNDI 2022

Dear Year 5 & 6 Parents,

Our booking has been confirmed for Year 5 and 6 students to attend a three-day camp at YMCA Camp Yarramundi, 316 Springwood Road, Yarramundi.

**Date:** Wednesday 16<sup>th</sup> November to Friday 18<sup>th</sup> November.

**Transport:** We will be travelling to and from Camp Yarramundi by private vehicle. Please indicate on the note attached if you are able to help with transport.

**Time:** The program commences at 10am at Camp Yarramundi on Wednesday 16<sup>th</sup> November, so please arrive by 9.45am. We will be leaving Hillside Public School at 9am. Pick up is either at 2pm at Camp Yarramundi or 2.50pm at Hillside Public School on Friday 18<sup>th</sup> November.

**Cost:** \$320.00 per child, includes accommodation, activities and food.

**Full amount or deposit of \$100 to be paid by Tuesday 20<sup>th</sup> September.**

**Balance to be paid by Wednesday 2<sup>nd</sup> November.**

Payment may be made either:

- online via Hillside Public School's website <https://hillside-p.schools.nsw.gov.au/> or
- cash or EFTPOS in the office

**Staff:** Miss Tobin from Hillside will be accompanying the students this year. Teachers from Middle Dural and Annangrove will also be attending.

Closer to the excursion medical forms and clothing requirements will be sent home.

Please fill in the permission note and return it to school with payment or on-line receipt number by Tuesday 20<sup>th</sup> September.

Mrs Judy Eastman,  
Principal

# Camp Yarramundi Permission Note

Please return to School by Tuesday 20<sup>th</sup> September

## Child/Children's Details

Surname	Given name/s
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## Consent Form / Transport Requirements

I hereby consent to my child/ren participating in the YMCA Camp Yarramundi from Wednesday 16<sup>th</sup> November to Friday 18<sup>th</sup> November 2022. I understand that transport to and from the camp is by private vehicle. I consent to the supervising teacher seeking any medical aid that she feels is necessary. This activity has the approval of the principal.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms or illness and/or if directed to isolate under public health orders.

I understand that my child will complete a Rapid Antigen Test (RAT) prior to leaving home, on the morning before departure, and not attend the overnight excursion / camp if the test result is positive.

I understand that I will be required to collect my child from the accommodation venue immediately if they become ill and present with COVID-like symptoms.

Should a student test positive, all students in the same room / cabin will be considered higher-risk contacts (household contacts). I understand that I may be required to collect my child from the accommodation venue immediately if they are deemed a higher-risk (household) contact and will need to follow the [NSW Health guidelines for people exposed to COVID-19](#).

I acknowledged that the venue(s) being visited will have their own COVID-19 safe protocols.

For further information on the risk of exposure, refer to NSW Health's [Information for people exposed to COVID-19](#).

**Payment @ \$320 per child: \$\_\_\_\_\_ or deposit of \$100 per child: \$\_\_\_\_\_**

- Paid online via HPS website <https://hillside-p.schools.nsw.gov.au/>
- Cash enclosed
- EFTPOS

## Transport

- I can transport my child/ren only to and from Camp Yarramundi.
- I can transport my child/ren plus \_\_\_\_\_ other children **to** Camp Yarramundi.
- I can transport my child/ren plus \_\_\_\_\_ other children **from** Camp Yarramundi.
- My child/ren **requires a lift** to and from Camp Yarramundi and I give them permission to travel in a teacher or parent's car.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_