



# RICHMOND HIGH SCHOOL

Richmond Agricultural College

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Lennox Street, Richmond 2753

Phone:



## PARENT/CAREGIVER INFORMATION

19th February 2024

Dear Parent or Caregiver,

Year 7 will be going on an excursion to **CCC - Central Coast Camp**, located at **Canton Beach** from **Monday 6<sup>th</sup> May 2024 to Wednesday 8<sup>th</sup> May 2024**.

The Year 7 Camp is designed for students new to high school to develop friendships, foster positive teacher/student relationships and build year group cohesion.

The total cost of the excursion is: **\$490**.

- Deposit of **\$50** payable by **10<sup>th</sup> March 2024** to Finance Office or Online
- Final payment of **\$440** payable by **20<sup>th</sup> April 2024** to Finance Office or Online
- This cost includes all **transport, accommodation, activities and all meals (Lunch Monday through to lunch Wednesday)**

Please complete the attached page and return with the **CCC Camps' Waiver & Release of Liability Form** to the school by **6<sup>th</sup> April 2024**.

Travel will be by **coach**. Unsupervised activities on this excursion: **NIL**

The excursion will depart from the school bus bay on at **8:30 AM Monday 6<sup>th</sup> May 2024**.

And will return to: **Richmond High School** at **3:30 PM on Wednesday 8<sup>th</sup> May 2024**.

Parents must pick up children promptly from the above location or make appropriate arrangements for their return home.

The teacher in charge of the excursion is: **Simone Werner**

The teacher with Emergency Care training is: **Simone Werner**

The teacher with Cardio Pulmonary Resuscitation (CPR) training is: **Simone Werner**

**Additional Information:** Final payments can be made at any stage between the deposit and final due date

Teacher(s) attending excursion: Simone Werner, Scott Turner, Michelle Galea & Simon Wyatt

Excursion Coordinator

Principal

Please complete details on the attached page and return to the school by: 6<sup>th</sup> April 2024



I hereby consent to \_\_\_\_\_ participating in the excursion.

Student Medical Details & Health Conditions			
Medical conditions: <i>(please tick applicable)</i>			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Severe Asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other	
Please note: Any child that has a ASCIA Health Care Plan must have a copy of the plan & any medication on their person at all times to be able to attend.			
Please note details for <b>Other</b> and/or precautions/medications/treatments for any of the others ticked above:			
_____			
<b>Ambulance / medical treatment</b>			
I affirm that, to the best of my knowledge, my child/ward has no medical condition or injury that places him/her at risk by participating in this sport / school activity.			
In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for expenses incurred.			
Medicare Number _____ Ref: ____ (for use at surgeries, medical centres, etc)			
Contact Number: Mobile: _____ Home: _____ Other: _____			

\_\_\_\_\_  
Signature of Parent/Caregiver Date

**Important information**

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child/ward's involvement in the sport program offered by the school, school sport zone, region and state school sport associations when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/Carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.

The excursion will be involved in various water and/or swimming activities.  
These activities will take place at: CCC Camps - Central Coast  
The school will provide the flotation devices when needed in the water.

**Water or swimming activities - response**

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

strong swimmer       average swimmer       poor swimmer       non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:

.....

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. (Personal injury statement)

The Australian Medical Association recommends students being symptom-free of concussion for 14 days before returning to sport. Students who have suffered a concussion within 14 days of the event, must provide written clearance from a medical practitioner prior to participating.

If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 days period prior to the event commencing, you must report this to team officials, and a medical clearance is required for your child/ward to participate in the event.

Clearances can be attached to this consent form or can be submitted to team officials separately.

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Signature of Parent/Caregiver

Date



# What to bring to Camp

## School or Group:

Please bring your own medical first aid kit. We have a small number of items (e.g. Band-Aids, bandages) and life critical items (e.g. Defibrillator, Adrenaline EpiPens). Each Adventure Team member is fitted with a first aid kit of limited items to assist until your school first aid officer or group first aid officer can provide first aid.

## All Guests (including day guests)

If you visit our site, even for a short time, please bring the following items:

- Covered shoes
- Jumper and/or Jacket (warm clothing)
- Wet weather gear / rain coat
- Hat
- Personal medication
- Sun screen
- Insect repellent

## Overnight Guests

If you are staying overnight on our site, please ensure you also bring:

- Bedding (1 base sheet + 1 top sheet or sleeping bag; pillowcase; blanket and/or doona)
- Toiletries (toothbrush, paste, soap, shampoo etc.)
- Bath towel
- Sleep wear
- Underwear, Socks
- Many guests bring their favourite pillow
- Change of clothes for each day (t-shirts, shorts etc.)

*\*We DO NOT provide blankets. Linen packs can be **HIRED** by prior arrangement to the camp. Please talk to us prior to your stay if you would like to arrange linen packs.*

## For Outdoor Activities including Water Activities

If you are doing outdoor activities with us, please ensure you also bring:

- Extra pair of covered shoes (that can get wet or dirty)
- If you are doing water activities, please bring either water shoes or an extra pair of shoes if one pair gets wet
- Water bottle
- Full length tops/shirts (short tops are not suitable for some activities, especially those with harnesses).
- Short pants (not too short, especially for harnesses activities)

*Sleeved shirts are recommended for all harness activities and provide better sun protection. Outdoor activities may result in damage / soiling of clothing. Please ensure clothing is suitable for outdoor recreational use.*

## Extra Stuff

Here are some other things you might want to bring:

- Day pack (for carrying gear to activities)
- Plastic bag (to take wet/dirty clothes home in)
- Torch
- Camera

*Please note we are an allergy aware site. In consideration of others who may have allergies please **do not** bring nuts or products containing nuts onto our site.*



YOUR ADVENTURE  
STARTS HERE.

demands made by any other person (including, without limitation, another guest or a government body) against CCC Camps or one or more of the Personnel in respect of death, injury, illness, loss or damage (including property damage and/ or financial loss) arising out of, or in connection with, the GUEST'S (or another guest's) failure to comply with CCC Camps' rules or directions or the GUEST'S (or other guest's) negligent, reckless or wilful actions. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, lawyers' fees, and related costs or expenses, and any reimbursements to CCC Camps or the Personnel by the Guest, for all legal fees, expenses, and costs incurred by CCC Camps or the Personnel.

The GUEST agrees and acknowledges, to the full extent permitted by law, that CCC Camps and the Personnel shall not be liable for any death, injury, illness, loss or damage (including property damage and/ or financial loss) (collectively, **Liability Events**) suffered by the GUEST or by any person arising from or in connection with the GUEST participating in an activity or being at the camp generally and the GUEST hereby releases CCC Camps and the Personnel from all claims (including claims for legal costs) in relation to such Liability Events.

I HAVE READ THIS DOCUMENT, HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT IT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT IT INVOLVES A REQUIREMENT TO INDEMNIFY, HOLD HARMLESS AND RELEASE CCC CAMPS AND ITS PERSONNEL FROM LIABILITY.

Full name of GUEST:

Signature of GUEST:

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Date:

**THE FOLLOWING MUST BE SIGNED IF THE GUEST IS UNDER 18 YEARS OF AGE**

I, the undersigned:

1. certify that I am the parent or legal guardian of the GUEST;
2. acknowledge that I have read the provisions in this waiver form and understand them;
3. hereby consent to the Guest participating in the Adventure Activities;
4. understand that the Adventure Activities are, by nature, hazardous and risky, and the Guest risks bodily injury, death or property damage by participating in them (**Risks**);
5. in consideration of CCC Camps allowing the GUEST to participate in the Adventure Activities, I, on behalf of the GUEST and myself, voluntarily elect to accept and solely assume those Risks;
6. hereby release, discharge and agree not to sue CCC Camps and the Personnel (collectively, **Releasees**) for any claim, damages, costs (including legal costs) or cause of action which I or the GUEST may have in the future as a result of damage, injuries or death, sustained or incurred by the GUEST from whatever cause through participation in the Adventure Activities, including (but not limited to) the GUEST's conduct; and
7. I agree on behalf of myself and the GUEST, that I shall hold harmless and fully indemnify the Releasees from any and all claims, damages, costs (including legal costs) and causes of action which may arise from any cause of action made by me or by, through or on behalf of the GUEST, however the damages, injuries or deaths are caused.

Full name of Parent/ Legal  
Guardian of GUEST

Signature of Parent/ Legal  
Guardian of GUEST

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Date: