

## **Year 5 Birrigai Camp Monday 10 August – Tuesday 11 August 2026**

Dear Parents and Carers,

Year 5 Camp will be at Birrigai. It is located forty to forty-five minutes away from Canberra and is surrounded by mountain peaks, native woodland and sheltered streams. It is located on Ngunnawal Country adjacent to the Tidbinbilla Range and Namadgi National Park, with wildlife in abundance. Year 5 camp focuses on team building, problem-solving, communication skills and developing positive relationships with fellow Year 5 students and teachers. Birrigai programs embed challenge and adventure to encourage students to actively develop their self-confidence, resilience, and personal responsibility. Activities will include a crate climb, an adventure bushwalk, shelter bushwalk and campfires all run by qualified Birrigai staff.

Our school has been successful in securing a free one-night camp at Birrigai for Year 5 on Monday 10 August to Tuesday 11 August 2026 -Term 3 Week 4. This initiative covers the cost of the one-night camp and transport costs. School camps are an important and formative part of the educational experience. The start of this free school camp program means that families won't have to miss out due to the cost, and it will also increase equity in participation in memorable extracurricular experiences for Canberra's students.

Under this new initiative it is expected that one year group from each ACT public primary school will receive a free camp each year. Meaning all ACT public primary schools will benefit from this program once throughout their primary school years. Free school camps to Birrigai are in addition to the range of equity programs we are already providing for Canberra families in the public school system.

**Date:** Monday 10 August 2026 to Tuesday 11 August 2026

**When to arrive at school:** 8:45am (students to assemble in Junior Hall)

**Departure Time:** Departing Harrison School at 9:00am on Monday 10 August 2026

**Arrive back at Harrison School:** Approximately 3:00pm on Tuesday 11 August 2026

**Location:** Birrigai Camp, 164 Tidbinbilla Road, Tharwa ACT 2620

**Accommodation Details:** Dorm style accommodation

**Transport:** Chartered bus departing from Harrison School, Wimmera Street carpark

**Cost:** Nil cost to families

**Notes to be returned to Harrison School front office by:** Friday 3 July 2026 (Permission notes cannot be accepted after this date due to catering, accommodation, and transport confirmation).

**Excursion Risk Assessment:** Available at the front office

20 Wimmera Street Harrison ACT 2914  
Email: [info@harrison.act.edu.au](mailto:info@harrison.act.edu.au)  
[www.harrison.act.edu.au](http://www.harrison.act.edu.au)  
Ph: (02) 6142 2200

**Behavioural expectations:** Standards of behaviour based on the school's values apply in all camp and excursion situations. Students deemed to not be displaying appropriate behaviour on excursions or camps will be returned to school.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful, or disobedient behaviour.

We encourage parents to discuss behavioural expectations with their children, including risk to themselves, to others, and property due to impulsive, wilful and non-compliant behaviour.

Kind Regards,  
Kirsty McCrabb  
Year 5 Executive  
Harrison School

## **Year 5 Birrigai Camp Luggage Information and Packing List**

**Luggage:** Students are to bring one piece of luggage, a sleeping bag, and a small day backpack. These should be clearly marked with your child's name, address, and phone number. Remember, your child will have to carry their own luggage so it's good to make sure it's not too big or too heavy.

### **Packing List:**

- 3 sets of underwear
- 3 pairs of socks
- 2 x shirts with sleeves (long or short, no singlets)
- 1 x woollen or polar fleece jumper (recommend two in colder months)
- 1 x waterproof jacket
- 2 x shorts (summer)
- 2 x trousers/long pants
- 1 x pyjamas (seasonally appropriate)
- 1 x towel
- Toiletries (including hand sanitiser and sunscreen)
- Broad brimmed hat
- Warm sleeping bag or a quilt and bedsheet (Birrigai does not provide blankets)
- Pillow
- Drink bottle (Birrigai does not provide water bottles)

### **Do Not Bring:**

- Any food, including lollies, soft drink unless medically indicated
- iPods, phones or other electronic devices, expensive cameras

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## Excursion Permission Note for Year 5 Birrigai Camp Monday 10 August – Tuesday 11 August 2026

I give permission for my child \_\_\_\_\_ in Class \_\_\_\_\_ to attend the Year 5 Birrigai Camp excursion on Monday 10 August to Tuesday 11 August 2026.

**Permission note completed and returned to Harrison School front office: Friday 3 July 2026 (No permission notes will be accepted after this date).**

*I agree to my child participating in the activities associated with this excursion. 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 unless there are changes to the details on this form. 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 excursion (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:

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

Name of Parent/Carer: (please print) \_\_\_\_\_

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



## Allergens / Food Restrictions

### IMPORTANT INFORMATION – PLEASE READ CAREFULLY

#### Information for Parents and Primary Caregivers

The Allergen / Food Restrictions form must be completed by the primary caregiver of each attending student, or by visiting adults (for themselves), who have specific dietary requirements due to:

- Food related medical conditions
- Identified food allergies / intolerances
- Cultural or Food restrictions

This form is mandatory to ensure the Birrigai catering team can safely meet visitors' medical, allergy-related, and cultural dietary needs.

#### Who completes this form:

- ✓ Primary caregivers for participating children.
- ✓ Visiting adults managing their own requirements.

#### Menu guidelines:

- Our menu aligns with the National Healthy School Canteen Guidelines.
- We accommodate medically or culturally necessary diets based on information provided through submitted forms (not personal food preferences).
- Caregivers may provide separate meals for participants with strong preferences. Visiting teachers can reheat these during scheduled mealtimes.

#### Important Considerations

Dietary Accommodations: While we cannot accommodate personal preferences, medical and dietary needs will be supported when forms are received on time. Late submissions may limit our ability to meet these needs.

**Please return this form directly to the student's school along with other documentation requested by the school.**

A copy of each relevant form will be provided to the Birrigai Catering Team, who will use the information to ensure all specific dietary needs are safely accommodated.

#### Information for Schools

##### Birrigai Requirements:

- ✓ Provide scanned copies of the Allergen / Food Restrictions form only for participants identified as impacted
- ✓ Impacted participants are those with a 'Yes' checkbox marked in the first three sections and/or the last section.
- ✓ Forms are not required to be passed onto Birrigai for participants without identified allergens or food restrictions
- ✓ Summarised details from impacted participants must be recorded in the Final Numbers and Medical Information Form, within the Dietary Requirements Table.

**NOTE: Birrigai is a NUT FREE environment**

Name of Student / Individual

School / Group

Dates attending Birrigai

Name of person completing form

Date completed  Signature

Place an [x] where relevant to indicate if there is an existing Food Related Medical Condition.

Medical Condition		Additional Details
Diabetic	<input type="checkbox"/> Yes	
Other	<input type="checkbox"/> Yes	

Place an [x] where relevant

Food Item	Anaphylaxis	Allergy	Intolerance	Comments
Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gluten	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate milk choice: eg. Soy
Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sesame	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Soybean	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seafood	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

Do any of the following options apply?

Dietary Restriction		Additional Details
Vegetarian ONLY	<input type="checkbox"/> Yes	
Vegan ONLY	<input type="checkbox"/> Yes	

Place an [x] to indicate cultural / religious preferences

Food Item	Additional Details	
Chicken	<input type="checkbox"/> Can NOT eat	<input type="checkbox"/> Can eat – Halal ONLY
Beef	<input type="checkbox"/> Can NOT eat	<input type="checkbox"/> Can eat – Halal ONLY
Pork	<input type="checkbox"/> Can NOT eat	<input type="checkbox"/> Can eat – Halal ONLY

## KNOWN MEDICAL CONDITION RESPONSE PLAN

### Instructions

This plan is required for any student with a known medical condition, short or long term, that:

- requires intervention i.e. the administration of medication or other support; and/or
- could lead to a medical emergency.

Section D may be replaced by a condition specific management plan e.g. asthma, diabetes, epilepsy and/or anaphylaxis available from relevant associations or treating medical practitioners. If a student requires a more detailed Known Medical Condition Response Plan this should be referred to the student's qualified health professional to prepare.

This plan must be reviewed annually. Parents/carers must inform the school immediately if there are any changes to the plan.

Section A – Personal Details (please fill in clearly)				
Student's Name		Date of Birth		Gender M <input type="checkbox"/> F <input type="checkbox"/>
School		School Year		
Parent/Carer Name		Address		
Telephone Contact	Home	Business	Mobile	
Emergency Contact 1			Telephone	
Emergency Contact 2			Telephone	
Name of Qualified Health Professional			Telephone	

Section B – Management Approach and Medication		
Student is presently taking medication during school hours?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
*Please complete and attach a <i>Medication Authorisation and Administration Record</i> form found on the Malkara School website → <i>Information</i> → <i>Medical Information</i> , or contact the office for a form.		

Section C – Parent/Carer Authorisation			
1. I give permission for my child to: <ol style="list-style-type: none"> <li>be treated by school staff in accordance with this plan if required;</li> <li>be identified by section D which includes a photograph of my child and treatment information to be stored in the school's medical emergency folders and other locations as considered appropriate.</li> </ol>			
2. As a parent/carers I will notify you immediately of any change to this plan and provide a reviewed version.			
3. I understand that I am responsible for any ambulance costs outside the ACT.			
Parent/Carer Signature		Date	
Qualified Health Professional Endorsement			
I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Qualified Health Professional Name		Title	
Qualified Health Professional Signature		Date	
School Staff Agreement			
I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Principal/Delegate Name		Title	
Principal/Delegate Signature		Date	
Relevant Staff Name/s & Title		Title	
Staff Signature/s		Date	

Relevant additional staff signatures will be found on attached sheet

## Section D – Known Medical Condition Response Plan

You may prefer to download the relevant condition specific management plan if your child has:

- Diabetes - <https://www.diabetesvic.org.au/Home> (click on How we help and Schools and early childhood settings)
- Asthma - <http://www.nationalasthma.org.au/health-professionals/asthma-action-plans>
- Anaphylaxis - <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>
- Epilepsy - <https://www.epilepsy.org.au/node/3485> (register and call 1300374537 for free access)

**Student Name**

**List all medical conditions, medications and allergies**

**Medical condition this plan is for**

**Detail any regular procedures that need to occur at school (including the role of support staff) i.e. supervision, giving medication, perform a task for student.**

**Clear signs that indicate Emergency Treatment needed:**

**Emergency Treatment Actions**

**Step 1:**

**Step 2:**

**Call ambulance when student:**

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

### Office Use Only

Student Central ID

Entered into SAS

Date