

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

Year 10 Sydney Camp Wednesday 23 September – Friday 25 September 2026

Dear Parents and Carers,

School camps provide an exciting and inclusive environment for young people to be active, develop competence in life and social skills, learn about and enhance their abilities to interact with others. Students' accommodation will be at the Ibis Styles Sydney Central Hotel. Students will visit some popular tourist attractions including Taronga Zoo, Luna Park, Madame Tussauds, Sealife Aquarium, Holey Moley and Darling Harbour. On Thursday night, students will visit Event Cinemas on George Street to watch a movie. A detailed itinerary is attached.

Staff on camp can be contacted on the school mobile phone 0403 113 951.

Please return Permission Note, Dietary requirements and Medical Information and Consent Form by: Monday 7 September 2026 (Permission notes cannot be accepted after this date due to catering, accommodation, and transport confirmation)

Dates: Wednesday 23 September – Friday 25 September 2026

Depart: Wednesday 23 September at 6:30am – Harrison School Nullarbor Ave carpark (please arrive at the school no later than **6:00am**. This will allow enough time to mark rolls, hand over medication and put luggage on the bus)

Arrive back at Harrison School: Friday 25 September at 6:30pm – Harrison School Nullarbor Ave carpark

Transport: Chartered Bus to and from Sydney

Accommodation details: Hotel Accommodation – Ibis Styles Sydney Central Hotel – 27-33 Wentworth Ave, Sydney

Cost: \$400.00 (cost includes transport, accommodation, meals and entry to venues) **Students will need to bring cash/bank debit card to purchase ferry and train tickets as well as lunch and movie snacks.**

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Business Manager. Please contact the front office if you would like to speak with the Business Manager.

Excursion Risk Assessment: Available at the front office

Behavioural expectations: Standards of behaviour based on the school's values apply in all camp and excursion situations. **Students whose records already indicate involvement in negative incidents, suspensions from school, and low levels of compliance will not be considered for inclusion on this interstate excursion.** Students deemed to not be displaying appropriate behaviour on excursions or camps will be returned to school. No refund will be available under these circumstances. 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. We encourage parents to discuss behaviour expectations with their children, including the risk to themselves, to others and to property due to impulsive, wilful or non-complaint behaviour.

Kind regards,
Thomas Alexander
Year 10 Coordinator

2026 Year 10 Sydney Camp - Itinerary

Walk times are informed by Google maps and have been included as a rough guide.
Walk times will differ when traveling in a large group.

Wednesday 23 September

6:00 - 6:30	Harrison School	Handover medication and load bus
6:30 - 10:30	Travel	Toilet only stop
11:15 - 11:30	Ibis Styles Sydney Central	Unload bus only
11:30 - 11:45	Travel	Walk 12 min
11:45 - 12:15	Hyde Park	Lunch - Students bring food from home
12:15 - 1:00	Travel	Walk 30 min, catch ferry
1:00 - 3:30	Taronga Zoo	Self-directed tour
3:30 - 4:15	Travel	Ferry, walk back to Ibis Style hotel
4:15 - 5:00	Free time	Check in to rooms
5:00 - 6:00	Ibis Styles Sydney Central	Dinner - Pizza and Pasta
6:00 - 6:45	Travel	Walk 15 min, Metro 13 min
6:45 - 9:00	Holey Moley Chatswood	Mini Golf, Bowling, laser tag
9:00 - 9:45	Travel	Walk 15 min, Metro 13 min
9:45 - 10:30	Ibis Styles Sydney Central	Free time
10:30	Last checks / Lights out	Students to remain in their allocated rooms

Thursday 24 September

6:45 - 7:45	Wake up and prepare for the day	
8:00 - 9:00	Breakfast	Buffet
9:10 - 9:20	Mark Roll	Anzac Memorial
9:20 - 10:00	Travel	Walk 20 min, Train 8 min
10:00 - 2:00	Luna Park	Lunch - students to pay of their own

2:00 - 2:30	Travel	10 min walk 10 min train
2:30 - 4:00	Walking and Exploring	Pitt Street Mall
4:00 - 5:00	Free time	Ibis Style Hotel
5:00 - 6:00	Ibis Styles Sydney Central	Dinner - fish and chips, chicken schnitzel or the pulled beef burger
6:15 - 6:30	Travel	Walk 10 min
6:30 - 8:30	Event Cinema George St	Movie TBC
8:30 - 8:45	Travel	Walk 10 min
8:45 - 10:30	Ibis Styles Sydney Central	Free time
10:30	Last checks / Lights out	Students to remain in their allocated rooms

Friday 25 September

6:45 - 7:45	Wake up and prepare for the day	Pack belongings and empty room
8:00 - 9:00	Breakfast	Buffet
9:15 - 9:30	Mark the roll	Anzac Memorial
9:30 - 10:00	Travel	Walk 20 min Darling Harbour
10:00 - 12:30	Madame Tussauds + Sealife Aquarium	Groups switch between both attractions
12:30 - 1:30	Lunch	Darling Harbour
1:30 - 2:00	Travel	20 min Ibis Style Hotel
2:00 - 2:30	Ibis Style Hotel	Load and Board Bus
2:30 - 6:30	Travel	Toilet only stop
6:30	Harrison School	

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

Year 10 Sydney Camp
Wednesday 23 September – Friday 25 September 2026
Permission Note

I give permission for my child _____ in WIN Class _____ to attend the Year 10 Sydney Camp from Wednesday 23 September – Friday 25 September 2026.

Permission notes to be returned to Harrison School front office by: 7 September 2026 (Permission notes cannot be accepted after this date due to catering, accommodation, and transport confirmation).

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.

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:

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: _____



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

Year 10 Sydney Camp
Wednesday 23 September – Friday 25 September 2026
Student Packing List

Clothing & accessories:

Please label all clothing with your child's name.

- Clothing suitable for all weather conditions (T-shirts, shorts, full length pants, warm jumper, underwear, socks, pyjamas)
- Covered casual shoes **suitable for walking** e.g. running shoes/canvas shoes
- Rain Jacket
- Hat
- Backpack to carry daily items
- Toiletries (toothbrush, toothpaste, soap, comb, deodorant, shampoo, conditioner)
- Water bottle
- UV sunscreen SPF 30+ (or above)
- Packed lunch (for day 1 to eat at Hyde Park)
- Healthy snacks (fruit, muesli bars etc.)
- Money to purchase lunch at Luna Park on Thursday
- Bank card to purchase ferry and train tickets, lunch and movie snacks
- Medication (parent/carers will need to give all medication to the first aid officer as soon as you arrive to school on Wednesday morning)

Does your child require medication?

If your child requires any medication while on camp (this includes regular Panadol, Melatonin, Travel sickness medication, Ventolin, Ritalin etc) you are required to complete a Medication Authorisation and Administration Record Form, prior to the camp. You can find this form on our website https://www.harrison.act.edu.au/our_community/notes_home/medical_notes, or complete one at the front office. Please return this form to the front office before the departure date. The medication can be brought on the departure day.



Dietary Requirements

Does your child have any special dietary requirements which we should be aware of whilst on camp?

Student's Name: _____ WIN class: _____

My child has no dietary requirements

Or

My child has the following dietary requirements:

Name of Parent/Carer: (please print) _____ Signature: _____ Date: _____



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

**Year 10 Sydney Camp
 Wednesday 23 September – Friday 25 September 2026
 Contribution Agreement**

Student Name: _____ Student WIN Class: _____

Parent/Carer Name: _____

The school understands there is a significant cost associated with this camp, and we are happy to offer payment plans to all families. This means that families can pay any amount over the course of this year to pay off the full camp fee.

Please indicate your payment method below and sign this payment agreement.

Option 1:

I am paying the full amount of \$400.00

OR

Option 2:

I am entering into a contribution agreement where I will pay the amount of \$_____ on the below dates:

Parent/Carer Name: _____ Signature _____

Payment 1 Date: _____ Payment 2 Date: _____ Payment 3 Date: _____ Payment 4 Date: _____

Payment 5 Date: _____ Payment 6 Date: _____ Payment 7 Date: _____ Payment 8 Date: _____

Please add more dates if required. If you have any questions or concerns regarding payment or your payment plan please contact our Business Manager Belinda Sawyer, for a confidential conversation on 6142 2200.

The total cost for the Year 10 Sydney Camp is \$400.00

I am paying the amount of \$_____

- Cash
- EFTPOS at the front office
- Parent Portal

The school understands there is a significant cost associated with camps, and we are happy to offer payment plans to all families when the final costing has been completed. This means that families are able to pay any amount over the course of this year to pay off the full camp fee.

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.

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"> be treated by school staff in accordance with this plan if required; 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. 			
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	

KNOWN MEDICAL CONDITION RESPONSE PLAN

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