

Year 8 Camp 2025 Excursion Information for Parents

Dear Parents and Carers,

The year 8 camp to Pambula & Tathra is a fantastic opportunity for students to engage in a range of outdoor activities, build teamwork skills, and foster new friendships in a supportive and enriching environment. Over the course of the camp, your child will participate in team-building exercises, nature explorations, and other exciting challenges designed to promote personal growth and create lasting memories.

Dates/time: Depart ADHS 8:00am, Wednesday 19 November 2025 (Please arrive no later than 7:30am)
Return to ADHS approx. 5:30 pm, Friday 21 November 2025.

Times will be confirmed closer to departure date.

Updates will be posted to the school social media pages (Instagram & Facebook).

Location: Pambula Beach Discovery Park & Tathra Eco Campground (Mimosa Rock National Park)

Accommodation details: Camping – Journey Program (Tathra) & Self-contained cabins – Healthy Living Program (Pambula)

Transport: Charter coaches

Group size: Split into two different programs, across two locations. Each program is then split into 2 - 4 groups.

Trip Leader: Sarah Baker & Kate Waite **Assistant Leaders:** TG Teachers, LSAs, Yr 8 Wellbeing Executive

School Mobile: 0478 530 848 (for emergencies only)

Cost: \$545.00

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 Principal. Please contact the front office if you would like to speak with the Principal.

Notes to Alfred Deakin High School front office by: Friday 17 October 2025 (Term 4, Week 1)

Excursion Risk Assessment: Available at the Front Office

Contingency: If the camp cannot go ahead, families will be notified in advance and students will be expected to attend regular scheduled classes. Refunds will be given in due course.

Behavioural expectations: Students are expected to display the Alfred Deakin set of school values whilst representing the school on camp. Failure to do so may result in early departure from the camp.

Updated Directorate PED Policy: This policy applies to all ACT public school students while at school, during school hours and while participating in authorised school events, including off-site camps and excursions. Personal Communication Devices are defined in the policy as any electronic device that can connect to a digital communications network external to the Education Directorate network. This includes mobile phones and any other handheld or wearable device (headphones included)

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.

In the case of emergencies there may be travel by private car necessary. In this case *it is the responsibility of the driver to ensure that he/she carries the required driver's licence, that the vehicle is registered and insured, is roadworthy, and the number of passengers does not exceed the seat belt provision of the vehicle.*

Kind Regards,

Tegan Keogh | Deputy Principal

PAYMENT SLIP
PAYMENT SLIP FOR: Year 8 Camp 2025

Total cost \$545.00

Teachers: Baker & Yr 8 TG

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

- Quickweb Payment** made on _____(date) – This is a Westpac online payment option access through the school website that makes a payment direct to the schools' bank account. Use the feecode: **25Yr8Camp**
Please send receipt/proof of payment to AlfredDeakinHS.Finance@ed.act.edu.au
- Sentral Pay Payment** made on _____(date) – Log into the parent portal for payment through Sentral Pay
- Cash** – Please secure Permission Note and money together. I have enclosed \$ _____
- EFTPOS** – Payment can be made in person at our Finance Office from 8:30am – 3:30pm.

Packing List:

Clothing Items	Extra Items
X4 Shirts (long & short sleeve)	Toiletries & any personal medication
X2 Shorts	X1 Towel
X1 Long Pants (avoid denim & cotton)	Plastic bag for wet items
X4 Underwear & socks	Large plastic bag for waterproofing
X1 Pair of swimmers	Sunscreen
X1 Hat	Pillowcase – Pambula Beach provide pillows
X2 Jumpers	Sleeping bag – hooded sleeping bag advised
X1 Rain Jacket (waterproof layer)	Torch & Batteries (head torch preferable)
X1 Walking boots/runners	Insect repellent
X1 Pair of 'closed toed' water shoes (shoes you don't mind getting wet)	2L Water bottle or x2 1L bottles (as a minimum)
X1 Pair of pyjamas	Small day-bag (large enough to comfortably carry: drink bottle, towel, change of clothes, jumper etc.)
X1 Beanie (woollen or fleece)	X2 Old tea towel
	Reusable dinnerware (including plate, bowl, mug, cutlery – please no disposables)
	Morning Tea & Lunch for day 1

Ideas to source gear:

- Family and friends often have clothing and equipment you can borrow.
- Opportunity shops and thrift stores.
- Retail stores such as Mont, Anaconda, Kathmandu and Macpac etc. Be careful of 'up-selling', you do not want to buy more than you need!

Important:

Students are to bring a packed morning tea & lunch for Day 1.

Items not to bring:

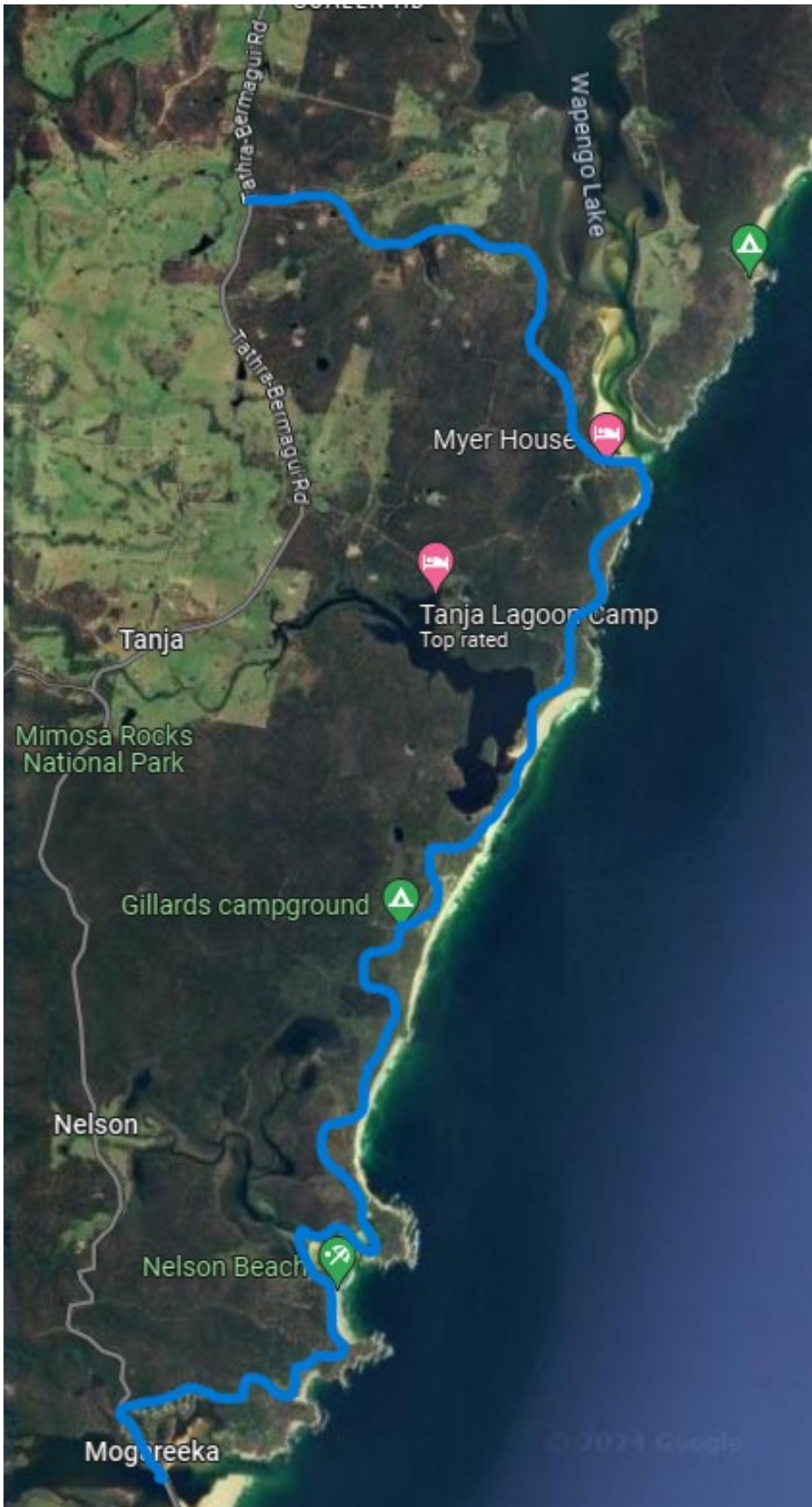
Mobile phones or any other communication devices. The school's contact person can make contact with all people in field through Coastlives emergency communication plan. Updates to families will be provided via our social media channels
Please don't bring a down jacket as a waterproof coat substitute. Down jackets are great; however, they are not substitutes for a waterproof rain jacket
Do not bring disposable 'one-use' plastic or paper dinnerware, including plates, bowls, mugs or cutlery. Coastlife strives to reduce waste. Students will be given resources to clean their reusable eating utensils.
Please do not bring singlets. Singlets are not SunSmart and against the ADHS uniform policy.
Avoid denim clothing. This material is not safe or comfortable when wet or during activities
Suitcases. Not a practical bag when out on program, especially the Journey program. Where possible, bring a duffle bag.
No knives, lighters, or matches.
No crocs, thongs or slip on shoes. They come off easier in water activities and do not provide adequate foot protection.
No drugs, smoking, vaping, or alcohol are permitted on camp.

Tathra Eco & Mimosa Rock National Park

JOURNEY Program Outline - Term 4 - 2025

Group	Day 1			Day 2			Day 3	
	AM	PM	Camp	AM	PM	Camp	AM	PM
Journey Activity Camp								
Group 1	Camp Welcome & Program Briefing	Bush Walk Penders To Gillards Campground	Gillards Campground (Tents)	Bush Walk & River Crossing Gillards To Mogareeka	Rafting Journey & Team Initiatives Survival Challenge	Tathra Eco Campground (Tents)	Learn To Surf & Beach Games	Program Debrief & Depart
Group 2		Learn To Surf & Beach Games	Tathra Eco Campground (Tents)	Rafting Journey & Team Initiatives Survival Challenge	Bush Walk Penders To Gillards Campground	Gillards Campground (Tents)	Bush Walk & River Crossing Gillards To Mogareeka	
Group 3								
Group 4								

Mimosa Rock National Park 2-Day - 1-Night **JOURNEY** Program



Day 1:
Bush Walk To
Gillards Beach Campground

Night 1:
Gillards Beach
Campground

Day 2:
Bush Walk To
Nelsons Lagoon

Day 2:
River-Cross
Nelsons Lagoon

Pambula Beach Discovery Park

HEALTHY LIVING Program Outline - Term 4 - 2025

Group	Day 1			Day 2			Day 3	
	AM	PM	Camp	AM	PM	Camp	AM	PM
Healthy Living Camp								
Group 5	Camp Welcome & Program Briefing	Learn To Surf & Beach Games (Teacher Supervised)	Pambula Beach Discovery Park (Cabins)	Discovery Walk & Learn To Snorkel	Healthy Living Team Initiatives	Pambula Beach Discovery Park (Cabins)	Water Yoga (SUP / Monster SUP)	Program Debrief & Depart
Group 6		Water Yoga (SUP / Monster SUP)		Healthy Living Team Initiatives	Discovery Walk & Learn To Snorkel		Learn To Surf & Beach Games (Teacher Supervised)	
Group 7	Camp Welcome & Program Briefing	Discovery Walk & Learn To Snorkel		Learn To Surf & Beach Games (Teacher Supervised)	Water Yoga (SUP / Monster SUP)		Healthy Living Team Initiatives	Program Debrief & Depart
Group 8		Healthy Living Team Initiatives		Water Yoga (SUP / Monster SUP)	Learn To Surf & Beach Games (Teacher Supervised)		Discovery Walk & Learn To Snorkel	

Year 8 Camp 2025 Excursion Permission Note for Parents/Carers

I give permission for my child _____ in year _____ to attend the Alfred Deakin High School's Year 8 Camp to **Pambula / Tathra** on **19-21st November** travelling by private coaches and other details as outlined in the Excursion Information for Parents (including contingency plans).

I agree to my child participating in the activities associated with this excursion mentioned previously. 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.

Do you give permission for your child's photo to be used for school media posts associated with this program?

Yes No

Is the medical form attached?

Yes No

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: _____

Contact Number: _____

Permission for swimming and aquatic activities

NOTE: The information that you provide will assist to provide a safe environment for your child's participation in swimming/aquatic activities. A swim test will be administered for those who have not completed one prior to swimming.

My child can swim: Yes No

Distance my child can confidently swim: 10m 25m 50m 100m

Please describe in detail your child's swimming ability, e.g. water confidence, swimming strength, distance (swimming continuously) and ability to tread water

Please list any special requirements necessary for your child to participate in swimming/aquatic activities.

Food Requirements for Year 8 Camp 2025

Name of child (first and last) _____ in Year 8

- | | |
|---|----------------------------------|
| <input type="radio"/> No dietary requirements | <input type="radio"/> Halal |
| <input type="radio"/> Vegan | <input type="radio"/> Kosher |
| <input type="radio"/> Vegetarian | <input type="radio"/> Dairy Free |
| <input type="radio"/> Gluten Free | |

Other: _____

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name			Date of Birth		
Gender		M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> I/They use different term (please specify) <input type="checkbox"/>			Prefer not to say <input type="checkbox"/>
School			School Year		
Parent/Carer Name			Address		
Telephone Contact		Mobile	Home	Business	
Emergency Contact 1			Telephone		
Emergency Contact 2			Telephone		
Name of Qualified Health Professional			Telephone		
Section B – Medical Information					
Please tick if your child suffers any of the following:					
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Nose Bleeds	
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*	<input type="checkbox"/> Fainting	<input type="checkbox"/> Headaches	<input type="checkbox"/> Reaction to Drugs	
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema	<input type="checkbox"/> Fits or blackouts	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Sight/Hearing Problems	
*Please complete and attach a <i>Known Medical Condition Response Plan</i>				<input type="checkbox"/> Sun Screen Sensitivity	
<input type="checkbox"/> Other (please specify)					
Please identify whether your child is presently taking any medication:					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:					
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 					
Date of last tetanus injection					
Are you aware of any physical or psychological limitations of your child (please specify)?					
Is there any other information which you believe may be relevant to the general medical/health care of your child?					
Section C – Parent/Carer Authorisation					
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). <p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p> <p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p> <p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>					
Parent/Carer Signature			Date		

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*.