



# Coffs Harbour High School

Excellence and innovation in a caring environment

27th October 2022

## YEAR 8 WELLBEING CAMP

Dear Parents and Carers,

As part of our Welfare Program we have developed a range of activities to encourage student development, increase social awareness, and generally make high school an enjoyable and inclusive environment for all students. A significant element of this program is our wellbeing camps. In order to allow you time to plan and budget we are happy to announce our camp year 2023.

**WHEN:** Term 1, Week 9: **Wednesday 22nd March** until **Friday 24th March 2023** inclusive  
**WHERE:** "The Great Aussie Bush Camp" in Tea Gardens, NSW  
**TRAVEL:** Coach transport departing from and returning to school. Times TBC.  
**COST:** **\$405** including all activities, transport, meals and supervision.

The camp has wonderful facilities and highly trained staff to assist the school staff in supporting our students to push themselves out of their comfort zone and challenge themselves. Students will participate in a variety of activities that may include Ropes Course, Archery, Abseiling, Kayaking, Giant Swing and Aerial obstacles courses.

To assist with financial planning, the school has set up a payment plan schedule for parents and carers:

Deposit	\$100	<b>Friday 2<sup>nd</sup> December, 2022</b>
Payment 2	\$200	<b>Friday 17<sup>th</sup> February, 2023</b>
Final Payment	\$105	<b>Friday 3<sup>rd</sup> March, 2023</b>

Eftpos facilities are available at the front office or you can go to the school website [www.coffsharb-h.schools.nsw.edu.au](http://www.coffsharb-h.schools.nsw.edu.au) and go to "MAKE A PAYMENT" at the top of the home page.

Full details of the camp are attached for your attention. If you would like more information about "The Great Aussie Bush Camp" please visit [www.bushcamp.com.au](http://www.bushcamp.com.au).

Please complete and sign all attached paperwork and return with the \$100 deposit to the front office by 2<sup>nd</sup> December, 2022. If you have any further questions, please contact Head Teacher Welfare, Mr Rayner.

### Behaviour

As with all school activities, students will be expected to follow the school's code of conduct and behaviour guidelines. Students who breach these policies will be dealt with in accordance with school policies; this could include exclusion from the camp in which case parents would need to collect their child from the camp.

Kind Regards

**Peter South**  
**PRINCIPAL**

**Shaun Rayner**  
**HEAD TEACHER WELFARE**



**YEAR 8 WELLBEING EXCURSION**  
**Wednesday 22<sup>nd</sup> March – Friday 24<sup>th</sup> March 2023**  
**Information and Consent Form**

Please complete this page and return it to the front office as soon as possible

**STUDENT NAME:** \_\_\_\_\_

My child will be attending the YEAR 8 WELLBEING EXCURSION

Parent / Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

PH: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

I understand that my child may also be asked to represent the school at several other events as a Peer Support Leader over the next couple of years.

**MEDICAL DETAILS:**

My child is allergic to: \_\_\_\_\_

Any medical details, dietary requirements or special needs which the organising teacher might need to know:

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*I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health 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 of illness, and/or if directed to isolate under public health orders.*

**Important Information**

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education and Communities for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, and area and state school sport associations when deciding whether additional insurance cover is required. Personal accident insurance cover is available through normal retail insurance outlets.

**Privacy Notice**

The personal information provided on this permission note, will be used by Coffs Harbour High School for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the organizing teacher. Please be aware that the media exposure at this event may result in your child's name, school details and/or photograph appearing in a newspaper, on television, within the school's newsletter, other publications or on websites, including the Coffs Harbour High School website at [www.coffsharb-h.schools.nsw.gov.au/](http://www.coffsharb-h.schools.nsw.gov.au/) and Facebook. If you have a concern with this occurring, please contact the Teacher In-Charge or School Sport organizer immediately.

**PARENT / GUARDIAN CONSENT**

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that my child will be under the supervision of Supervising Teacher/s and will not be allowed to visit friends or relatives without my written permission and that of the Supervising Teacher/s.
- I am aware of the school's Code of Behaviour and agree that if my child/ward seriously contravenes behavioural expectations, he/she may immediately be excluded from the team. Should this eventuate, I accept full responsibility for my child/ward upon notification of his/her exclusion by the team manager including the cost of return transport and accommodation (where applicable).
- In the event of any accident or illness, I authorize the obtaining, on my behalf, an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for all expenses incurred.
- To assist the Supervising Teacher/s and to the best of my knowledge, my child/ward has no medical condition or injury that places them at risk in participating in this sport activity.
- I am aware of the DoE's position regarding no personal accident/injury insurance being provided to participate within this event and take full responsibility for the potential costs arising from my child/ward's participation.
- I have read the privacy notice and have advised the organizing teacher of any concerns.

**Signature:** \_\_\_\_\_

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