



Grade 4 Camp 2017 Sovereign Hill Camp

Monday 20th – Wednesday 22nd November 2017

11th October 2017

Dear Parents,

We are really excited to be heading off to camp in term 4.
Here are a few important details to help us finalise Camp.

Day 1: Monday

- 8:30am - Parents are required to drop off students and bags at **school**. Children keep a small backpack with snack, lunch and refillable drink bottle.
- Drive by bus to Sovereign Hill – eat snack (from home) and settle into cabins.
- Eat lunch (from home) and participate in activities at Sovereign Hill.

Day 2: Tuesday

- Participate in activities at Sovereign Hill
- Visit Blood on the Southern Cross Sound and Light Spectacular at night.

Day 3: Wednesday

- Participate in activities at Sovereign Hill.
- 3:00pm – Parents pick students up from **school**.

It **will not** be necessary to contact the office, parents will be notified in the afternoon via our Messaging System if the bus is delayed.

Students will need to ensure they are wearing sturdy shoes and adequate rain gear and sun protective clothing every day.

Please find attached:

- Medical forms
- Asthma Plan
- Camp Agreement
- What to bring list

****We require the **medical, asthma and Camp Agreement** to be completed and returned to school by **Friday 3rd November 2017**.

If you have questions or concerns, please contact your teacher.

Trish Enzinger
Principal

Tracey Sievers, Belinda Johnston
Bec Wilson, Sammy Orchard,
Jacqui Greig & Jeanette Williams
Grade 4 Team

Grade 4 Camp Sovereign Hill - Ballarat

Monday 20th – Wednesday 22nd November 2017

What to bring (all articles to be clearly named)

Day 1: Pack in a small back pack

Snack

Lunch

Refillable water bottle

Hat

Sunglasses (optional)

Rain Jacket

Sunscreen

Small back pack &
refillable water bottle
will be carried by
students each day.



Day 1 – 3: Camp

Sleeping bag

4 t-shirts

One pillow

Pillow case

1 pair of pants

1 pair tracksuit pants

2 pairs of shorts

4 pairs of socks

4 changes of underwear

2 warm jumpers

1 waterproof coat

2 pairs of shoes (good walking shoes)

1 pair of slippers

1 pair of thongs (for shower only)

Pyjamas

Onesie

Toiletries:

Towel

Face washer

Soap

Shampoo

Toothbrush

Toothpaste

Deodorant (roll on)

Extras:

Plastic bag for dirty clothes

Sunscreen

Insect repellent (roll on)

Torch

Textas Pencils

What NOT to bring:

Electronics / phones

Optional:

(responsibility of child)

Camera

up to \$20 – souvenir money

Please make sure you have **adequate rain gear** and **sun protective clothing!** We will participate in **all** activities if it's raining or hot! Please keep in mind the children will be doing a lot of walking and activities inside and outside each day when you are deciding what to pack.

Medication

Any medication that needs to be administered at camp must be given to **Jacqui Greig**, Integration Aide on the **morning of departure**. It needs to be in a **clearly named zip lock bag** along with appropriate instructions.

** Parents please note that medications **WILL NOT** be taken from the **school sickbay**.

Sovereign Hill Camp



Camp Agreement

I of Grade promise to observe these camp rules at all times.

I will:

1. Remember good manners and consideration for other people.
2. Always stay in the camp area, unless with a camp leader.
3. Stay with my group when away from the campsite.
4. Help with the work duties of the camp.
5. Co-operate with the camp leaders in all that they ask me to do.
6. Protect the camp environment and surrounding bush areas.

Signed:

For Parents

I have discussed this agreement with and am satisfied that he /she understands it fully.

I acknowledge that failure to honour the agreement in extreme circumstances may necessitate him / her being sent home early at my expense.

Signed Phone

**Please return this form to your classroom teacher
Friday 3rd November 2017**



Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: Grade 4 – Sovereign Hill Camp
Date(s): Monday 20th – Wednesday 22nd November 2017

Student's full name:

Grade:

Student's Address:

Postcode:

Date of Birth:

Year Level:

Parent/Guardian's Full Name:

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name family doctor: _____

Address of family doctor: _____

Phone: _____

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? Yes No If yes, ambulance number:

Is this the first time your child has been away from home? Yes No

Please tick if your child suffers any of the following:

- Asthma (if ticked complete Asthma Management Plan) Bed Wetting Blackouts
 Diabetes Dizzy Spells Heart Condition Migraine Sleepwalking
 Travel Sickness Fits of any type

Other: _____

Swimming ability

Please tick the distance your child can swim comfortably;

- Cannot swim (0m) Weak swimmer (<50m) Fair swimmer (50 – 100m)
 Competent swimmer (100-200m) Strong (200m+)

Allergies

Please tick if your child is allergic to any of the following:

Penicillin Other Drugs: _____

Foods (see Special Dietary Form): _____

Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication

Is your child taking medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

*****Please note that parents are to supply medication for camp, the school will not be taking any medications from the school sick bay*****

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teach-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Paracetamol (e.g. Panadol) is generally carried in the First Aid Kit. Do you consent to your child being offered this if the teacher in charge considers it appropriate? Yes No

If yes: Dosage given: 1 tablet 2 tablets every _____ hours

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

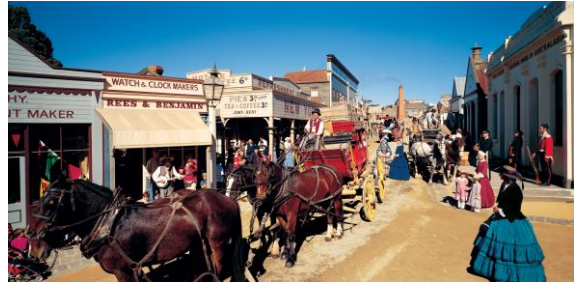
Signature of parent/guardian (named above) _____

Date: _____

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.

Grade 4 Camp
Sovereign Hill - Ballarat
Monday 20th – Wednesday 22nd
November 2017



Dietary Requirements

Please include information about any special dietary requirements relevant to your child.

Student: _____

Class: _____

Allergy	
Dairy	
Wheat	
Seafood	
Egg	
Nut	
Peanut	
Tree nut	
Soy	
Fructose	
Other	
Further details:	

Dietary	
Vegetarian	
Vegan	
Halal	
No Pork	
No Beef	
Other	
Further details:	

Student Name: _____

Photo

Student needs to pre-medicate prior to exercise

Student can administer own medication

First family/emergency contact name: _____

Work Ph: _____

Home Ph: _____

Mobile: _____

Second family/emergency contact name: _____

Work Ph: _____

Home Ph: _____

Mobile: _____

Doctors Name: _____

Phone: _____

The information provide on this plan is true and correct

Signed (parent or guardian): _____

Date: _____

Additional information:

School Camp and Excursion Asthma Update Form

This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student's Asthma Action Plan and brought with students to the camp or excursion.

STUDENTS MEDICAL DETAILS

Has the student been hospitalized due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? Yes No

Has the student's asthma medications changed in the last two weeks? Yes No

Has the student had any other illness in the last two weeks? Yes No

If YES, please provide details:

Nature of illness?

When?

Severity?

Has this affected their asthma? Yes No

Is the student well enough to attend camp/excursion? Yes No

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

Example

Medication	Device	Dose	When
Fluticasone	Buffer and spacer	1 puff	Twice daily

Instructions for use

1 puff in the morning and 1 puff at a night. Breathe mouth out after using

Please provide as much detail as possible

1. Medication	Device	Dose	When
.....

Instructions for use

.....

.....

2. Medication	Device	Dose	When
.....

Instructions for use

.....

.....

3. Medication	Device	Dose	When
.....

Instructions for use

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