



Grade 6 Camp – Weekaway 2017

Monday 20th to Friday 24th November

11th October 2017

Dear Parents,

The Grade 6 Camp at Weekaway, Lancefield is fast approaching!

Staff members attending the camp will include: Fred Vander Werf, Leigh Hallett, Jessica Senior, Gerard Lowrie, Courtney Jordan, Chloe Newstead, Meg Cameron & Jenny Venn.

We will be departing from the front of Birmingham Primary School at **9.00 a.m.** on **Monday 20th November 2017**. Children are requested to be at school by **8.30 a.m.**

As stated on the "What to Bring List" children must bring their own morning tea, lunch and a drink (in a refillable drink bottle) for that first day.

We will be travelling to Camp Weekaway with Organs Bus Line - Kyneton. The first day's activities will include an introductory walk around the campsite and Initiative Course.

Activities over the five days will include canoeing, laser tag, rafting, flying fox, raft building, bush huts, and the maze.

Evening entertainment will include a night hike and campfire, concert (Birmingham Idol), disco and movie night. All activities are designed to challenge and stimulate in a controlled environment with emphasis on fun and co-operative teamwork. The camp will provide qualified instructors for canoeing and flying fox.

On Friday we will be having a picnic lunch at Hanging Rock and expect to **return to school at approximately 3.00 p.m.**

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.

Please find attached the following: Medical Form, Camp Agreement and Asthma Management Plan. These need to be returned by **Friday 3rd November 2017**.

Discussion regarding the Camp Agreement will be taking place. The children will be very aware of their responsibilities during their time at camp.



We would like to remind parents of the following:



- **Packing** Use the "What to Bring" list, and ensure that **all belongings are clearly labelled**. Clothing needs to be appropriate for outdoor activities and be sun smart. **Tops to cover shoulders – No singlets, tank tops or crop tops** will be permitted to be worn during outdoor activities. **Please supervise your child's packing.**
- **Sleeping** Sleeping accommodation is dormitory style in bunks. Children must bring a sleeping bag and pillowcase and own pillow if preferred.
- **Lunch** Children must have a packed lunch and playlunch with a drink in a non-breakable container for Monday. Children are to take this with them in a backpack – **please do not pack in luggage.**
- **Medicine** Must be **clearly labelled, in a Snap Lock bag** and handed to Miss Jess Senior before we leave on Monday morning. Children are to carry their own asthma puffers if required. Medication **will not** be taken from the school sick bay.

Please Note that in past years Hay Fever has been an issue for many students. We strongly encourage you to send some medication for your child if they have a history of suffering from Hay Fever.

- **Medical Note** The Medical Note and Camp Agreement attached need to be returned by Friday 3rd November 2017.
- **Special Diet** If your child has special dietary requirements that will need to be catered for (e.g. food allergies, vegetarian etc.) please inform Mr. Leigh Hallett by Friday 3rd November 2017.
- **Telephone** In case of emergency, contact with the camp can be made through the school. Children are **not** permitted to take mobile phones. Please note: There is **no** mobile phone coverage at the camp.
- **Personal Items** Cameras are permitted but are the responsibility of the child. iPods may also be taken but for photography purposes only. There is no need for money to be taken, as there is nowhere to spend it.
- **Arrival Time** It is expected that we will return to school on **Friday 24th November at 3.00 p.m.** If the bus is delayed, parents will be notified via our Messaging System.

Trish Enzinger
Principal

Leigh Hallett
Jess Senior
Gerard Lowrie
Grade 6 Teachers

Weekaway

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

"What to Bring"

(Ring school in case of emergency)

1. **Monday** - cut lunch, including drink and playlunch - carry onto bus - do not pack into suitcase
2. **Be at school by 8.30 a.m.**
3. **Bedding:** Sleeping bag, pillowcase, pillow (optional).
4. **Clothing:** Neat, but not your best: - please see parent reminder



2 pairs of long pants <i>and</i> 2 pairs of shorts
4 T-shirts/shirts
2 warm jumpers
Waterproof Coat/parka
8 sets of underwear
Pyjamas
Handkerchiefs/tissues
Tracksuit/dressing gown
Socks (heaps) <i>They get wet!</i>
Sunsmart Hat
Bathers (canoeing)
Gardening Gloves – <i>to be used during bark hut building</i>



5. **Footwear: canoeing** **Please note: One pair of shoes is not sufficient as they will get wet when canoeing**

Shoes suitable for walking (bushwalking)
Old shoes for canoeing/yabbying, etc.
Thongs (for shower)
Shoes/slippers for indoor / evening activities

6. **Toilet Bag:**

Soap, face washer, shampoo
Brush/comb
Toothbrush and toothpaste
2 towels – 1 for showers / 1 for water activities
Deodorant (no spray cans)
Sunscreen (compulsory)
Lip Balm

7. **Torch** – For night walk.
8. **Plastic Drink Bottle (refillable)**
9. **Cameras, Ipad** (For photography purposes only) etc are permitted but are the child's responsibility.
10. Indoor game, novel, book. Wet weather activities.
11. Plastic bags - two large bags for dirty clothes.
12. Stamped, self - addressed envelope and paper.
To be handed to your classroom teacher by Friday 3rd November 2017
13. Pens, pencils and coloured pencils.
14. Neat clothes for the disco.
15. Medication clearly labelled together with written instructions is to be handed to Miss Jess Senior **before** we leave. Medication **will not** be taken from school sickbay.
16. Roll on Insect repellent if needed. (**NO SPRAY CANS**)
17. **NO CHEWING GUM OR LOLLIES ARE PERMITTED AT THE CAMP. THIS IS A 'WEEKAWAY CAMP' POLICY.** The school will supply lollies at appropriate times throughout the week.

ALL ARTICLES SHOULD BE CLEARLY LABELLED

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
<i>Flixotide</i>	<i>puffer and spacer</i>	<i>1 puff</i>	<i>Twice daily</i>

Instructions for use

1 puff in the morning, and 1 puff of a night. Rinse mouth out after using

Please provide as much detail as possible

1. Medication	Device	Dose	When
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructions for use

2. Medication	Device	Dose	When
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructions for use

3. Medication	Device	Dose	When
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructions for use



Confidential Medical Information for School Council Approved Excursions
Please return to Classroom Teacher

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 6 Camp – Weekaway Lancefield
Date(s):	Monday 20th to Friday 24th November 2017

Student’s full name:	Grade:
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Student’s Address:	Postcode:
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Date of Birth:	Year Level:
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Parent/Guardian’s Full Name:	
Telephone numbers: After Hours:	Business Hours:
Mobile Phone/s:	

Emergency contact (Person Other than Parent/Guardian):		
<u>Please complete this part with another contact other than your own</u>		
Emergency telephone numbers:	After hours:	Business hours:
	Mobile Phone:	

Name family doctor: _____
Address of family doctor:

Medicare number:

Medical/hospital insurance fund:	Member number:
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Ambulance subscriber? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ambulance number:
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Is this the first time your child has been away from home? Yes No

Please tick if your child suffers any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma (if ticked complete Asthma Management Plan) | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Migraine |
| | | <input type="checkbox"/> Sleepwalking |

Other: _____

Swimming ability

Please tick the distance your child can swim comfortably;

- | | | |
|---|--|---|
| <input type="checkbox"/> Cannot swim (0m) | <input type="checkbox"/> Weak swimmer (<50m) | <input type="checkbox"/> Fair swimmer (50 – 100m) |
| <input type="checkbox"/> Competent swimmer (100-200m) | | <input type="checkbox"/> Strong (200m+) |

PLEASE TURN OVER

Allergies

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

Penicillin Other Drugs: _____

Foods: _____

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.

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.