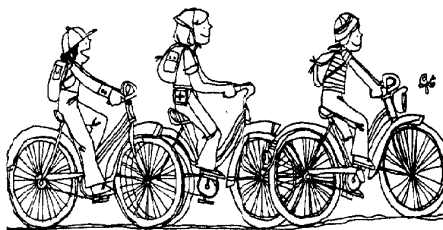


18<sup>th</sup> April, 2018

Dear Parents,



## **Grade 5 Camp – Blue Light Youth Camp Maldon 2018** **Monday 21<sup>st</sup> May - Friday 25<sup>th</sup> May**

The Grade 5 Camp at the Blue Light Youth Camp in Maldon is fast approaching.

Staff members attending the camp will include: Israel Carroll, Zoe Peterson, Stephanie Krueger, Sally Buckland, Steve Harvey, Chloe Newstead, and Tess Hubben, as well as other staff who will be announced in the coming weeks when the arrangements are finalised.

We will be departing Birmingham Primary School at 8.45 a.m. on **Monday 21<sup>st</sup> May, 2018**. Children are requested to be at school by 8.15 a.m. Buses will depart from the front of the school.

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

We will be travelling to the Blue Light Youth Camp with Organs Bus Line - Kyneton. The first day's activities will include an introductory walk around the campsite and a practise bike ride.

Activities over the five days will include a vintage steam train ride, touring the Carmen's Tunnel gold mine, mini golf, bouldering, hut building and making damper – and of course, plenty of bike riding! These activities will involve riding on bush tracks and roads and will require the students to bring an Australian Standards Approved bike helmet – **the sticker must be attached and visible!**

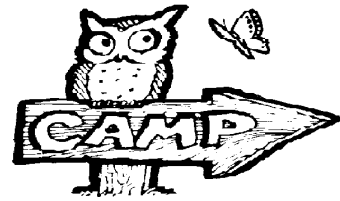
Evening entertainment will include a night walk, a visit to the local CFA branch, a games night and a disco. All activities are designed to challenge and stimulate students with emphasis on fun and co-operative teamwork. The camp will provide qualified instructors for bike riding activities.

**On Friday we expect to return to school about 4.00 – 4:30 p.m. There is no need for you to contact the school for an arrival time as a message will be forwarded to parents' phones via the SkoolBag app if the time of arrival is changed.**

Please find attached the following: Medical Form, Camp Agreement and Asthma Management Plan. These need to be returned by **Thursday 26th April, 2018.**

Discussion regarding the Camp Agreement has taken place with the children and they are 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 must cover shoulders – No singlets, tank tops or crop tops** will be permitted to be worn during activities. **Please supervise your child's packing.**
- **Sleeping** Sleeping accommodation is dormitory style in bunks. Children must bring a sleeping bag, pillow and a single bed sheet to cover the mattress.
- **Lunch** Children must have a packed lunch and play lunch with a drink in a non breakable container for Monday. Children are to take this with them in a back pack – **please do not pack in luggage.**
- **Bus Sickness** If your child suffers from bus sickness, please provide them with some "TravaCalm" or another type of bus sickness medication and ensure your child takes it before the buses leave in the morning. Please remember to send some extra tablets for the trip home.
- **Medicine** Must be clearly labelled and handed to your child's teacher with directions enclosed 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. **Children with anaphylaxis will need to provide an EpiPen and any other relevant medication clearly labelled with their child's name.**
- **Medical Note** The Medical Note and Camp Agreement attached need to be returned by Thursday 26<sup>th</sup> April, 2018
- **Special Diet** If your child has special dietary requirements that will need to be catered for (e.g. food allergies, vegetarian, etc.) please inform your child's classroom teacher in writing by Thursday 26<sup>th</sup> April, 2018
- **Letters** Children must bring a stamped, self-addressed envelope to school by Thursday 26<sup>th</sup> April, 2018
- **Telephone** In case of emergency, contact with the camp can be made through the school. Children are **not** permitted to take mobile phones.
- **Personal Items** Cameras are permitted but are the responsibility of the child. iPods may also be taken but for **photography** purposes only.
- **Spending Money** Students may bring a maximum of \$20. A maximum of \$10 may be spent at the Lolly Shop.
- **Arrival Time** It is expected that we will return to school on **Friday 25<sup>th</sup> May at 4.00 – 4:30 p.m.** There is no need for you to contact the school as a message will be forwarded to parents' phones via the SkoolBag app if the time of arrival changes.

Dear Parents,

16<sup>th</sup> April, 2018



## Grade 5 Camp: 21<sup>st</sup> – 25<sup>th</sup> May



### What to Bring.....

**Please note: All articles must be clearly labelled with your name and packed in a suitcase or carry bag. The bus company prefers soft-sided bags as they are easier to pack. A small backpack to take on the bus is advisable to hold snack, lunch, drink, etc. for the first day.**

1. CLOTHING – Please make sure that clothes are suitable for riding and remember they are likely to get muddy! Mornings can be chilly, so make sure children have enough layers.

3 pairs of long pants  
2 pairs of shorts  
5 T-Shirts/shirts  
2 warm jumpers  
Warm coat/parka (night walk)  
(At least) 6 sets underwear  
Pyjamas  
Disco clothes

Handkerchiefs/tissues  
Tracksuit/dressing gown  
Socks (Lots – they can get wet!)  
Hat/beanie and gloves  
Wet weather gear  
**Bike Helmet** (MUST be Australian Standard Approved)  
Sunglasses (optional) for riding



2. FOOTWEAR

Sturdy Shoes - suitable for riding and walking (may get wet/muddy).  
Slippers - for indoors (not thongs) Indoor carpets are a NO SHOES zone!  
Sneakers/travel shoes - for activities.  
Thongs - for shower.

3. TOILET BAG

Soap and face washer  
Brush/comb  
2 towels  
Sunscreen

Shampoo  
Toothbrush and toothpaste  
Deodorant (NOT aerosol cans!)  
DEODORANT – In case you missed it! ☺



4. **Sleeping bag and pillow. Please pack a single fitted sheet to cover the mattress.**

5. Lip balm – Lips get very dry when riding everyday.

6. Cameras, iPods (For photography purposes only – NOT GAMES) etc. are permitted but are the Child's responsibility. **NO MOBILE PHONES!**

7. 2 large plastic bags - to use for soiled/wet clothes.

8. Indoor game (not electronic), novel or book.

9. Pencil case – to write your letter home (pack lightly - pens, pencils, coloured pencils).

10. Soft toy (to guard your bed!)

11. ***Medication - to be handed to Steph Krueger before we leave with carefully written instructions use. Those who need ventolin inhalers should have two, one to carry at all times (perhaps in a bum bag) and one to leave in first aid supplies. Medication will not be taken from school sick bay.***

12. Pocket money - maximum total \$20.00 (maximum \$10.00 can be spent at the Lolly Shop).

13. Torch (for night walk – don't forget spare batteries!)

14. Small backpack or bumbag for carrying things while riding (optional).

15. Seat cover for bikes (optional).

**\*\*The attached medical form and camp agreement must be returned to your child's classroom teacher by Thursday 26<sup>th</sup> April, 2018 together with a stamped, addressed envelope.\*\***

Children will need to be at school between **8.30 am** and **8:45am** on **Monday 21<sup>st</sup> May**. If your child has medication or specific needs to be discussed with the teachers, please ensure you are at school at **8:30am**. We hope to return to school **around 4-4:30p.m. on Friday 25<sup>th</sup> May**. Parents will be notified via the SkoolBag app if the arrival time is changed.

**Each child will need play lunch, lunch (in disposable packaging) and a drink for the first day.**

# BLUE LIGHT YOUTH CAMP MALDON

## Camp Agreement 2018



I \_\_\_\_\_ 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 honor the agreement in extreme circumstances may necessitate him / her being sent home early at my expense.

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

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 <i>Flutide</i>	Device <i>puffer and spacer</i>	Dose <i>1 puff</i>	When <i>Twice daily</i>
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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 <input type="text"/>	Device <input type="text"/>	Dose <input type="text"/>	When <input type="text"/>
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Instructions for use


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

Instructions for use


3. Medication <input type="text"/>	Device <input type="text"/>	Dose <input type="text"/>	When <input type="text"/>
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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:	<b>Grade 5 Camp – Blue Light Youth Camp Maldon</b>
Date(s):	<b>Monday 21<sup>st</sup> to Friday 25<sup>th</sup> May, 2018</b>

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

Emergency contact (Person Other than Parent/Guardian):		
<b><u>Please complete this part with another contact other than your own</u></b>		
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.