

**Y3/4 Camp
Camp Weekaway
19-21 May 2021**



Dear parents and carers,

The Y3/4 students have an exciting opportunity to attend camp, located at Camp Weekaway between the 19th-21st of May. The camp is located in Benloch, where they will have the opportunity to build new friendships, resilience and physical skills.

Students will enjoy small group adventure activities such as The Maze, initiative courses, laser tag, flying fox and hut building. They will also have the opportunity to connect with others during meal times, whole group sessions and through cabin groups.

This pack contains all the necessary forms your child needs to attend the camp. It includes:

- Clothing list
- Consent form
- Medical form
- Permission and payment form
- Dietary requirements form
- Special medical form (optional)

Information evening – an information session will be held on **Wednesday 28 April at 5:30pm**, to provide greater detail on the camp itself. The evening session will last approximately 45 minutes.

If you have any questions or comments, please do not hesitate to contact us.

Regards,

Bianca Bevilacqua
Y3/4 Camp Coordinator

Elaine Brady
Principal

Clothing and personal equipment list

General considerations

Clothing taken on outdoor or adventure programs should allow participants to be comfortable and protected in a range of conditions, regardless of the season. Clothing that is quick drying and resistant to damage is ideal. Clothing should fit the person well. Practicality is the emphasis rather than how fashionable clothes are! Unsuitable or ill-fitted clothing can impair student participation and may be hazards.

Note: Students must not bring mobile phones, digital music devices, alcohol, cigarettes, medication not documented on the medical form, or illegal substances.

Essential clothing and equipment all students must bring:

rain coat	
warm jumper	pyjamas
long pants	rain coat
shorts	sun hat
woollen or fleece jumper (at least one)	2 pair sneakers (1 x old and 1 x new)
t-shirts	Thongs
long sleeve warm shirts or thermal tops	2 towels
changes of underwear	water bottle
socks	

Sleeping

Sleeping bag	Pillow and pillowslip
Sleeping mat	

Toiletries

Soap and shampoo	Brush or comb
Toothbrush and toothpaste	Sunscreen
Deodorant (no aerosols)	Insect repellent

Personal Equipment

Torch	Camera (not a phone)
Personal medical requirements	

Note

All personal items and baggage should be clearly marked with the owner's name.

**Department of Education and Training
Proforma camps and excursions Parent/Carer consent form**

Parent/Carer Camp Consent

Name of school:
Parkhill Primary School

Title of excursion/camp:
Y3/4 Camp Weekaway

Educational purpose of the program:

3/4 Camp aims to provide an opportunity for students to connect and work with each other in an outdoor environment, away from school. The camp provides learning opportunities to develop both social and physical skills, through small adventure activities, meal times and whole group activities.

Details of supervising staff:

Elaine Brady, Bianca Bevilacqua, Chris Logan, Liz O'Meara, Jamie Dimopoulos, Nicole Arapoglou, Dean Sciacca*

Costs:

\$311.00, with flexibility options available

Name and contact details of the 24-hour school emergency contact:

Elaine Brady 0413 440 871
Michelle Smith 0431 141 081

Departure details

Wednesday 19th of May at 9:00am, Travelling by bus.

Return details

Friday 21st May, Travelling by bus arriving at 3:30pm.

Distance from expert medical care:

Ochre Lancefield Country Practice: 15 minutes, 16.1km south of Camp Weekaway

Romsey & Lancefield Medical Centre: 16 minutes, 16.3km from Camp Weekaway

Kyneton District Health Service (hospital): 31 minutes, 31.8km from Camp Weekaway

Accommodation arrangements:

campsite

Travel arrangements:

Travelling to and from the camp on bus

Adventure activities to be undertaken or that may be offered to students throughout the program:

Canoeing, Flying Fox, Hut Building, Individual Initiatives, Laser Tag, The Maze and Yabby Person

Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program.

Analysis of risk management plans, discuss and identify potential risks, safety preparations (eg harnesses, helmets, discuss safe behaviour), abundant first aid supplies available, dedicated first aid personnel, avoidance of high risk activities (eg swimming), first aid qualifications, identification of local medical centres / hospitals

A risk management plan for this program has been developed by staff and is available for parents to review on request.

Attachments

- Daily itinerary
- Group equipment list (if relevant)
- Clothing list
- Medical form
- Further location descriptions (if applicable)

Student behaviour

'I understand that in the event of my child's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

Student illness

'I understand that in the event excursion staff determine it is necessary for my child to be sent home early due to illness, any cost associated with his/her return will be my responsibility.'

Cancellations or Alterations

'I understand that the principal may need to cancel or alter excursion arrangements at short notice, for safety reasons or due to circumstances beyond the control of the school, and while the principal will try to minimise inconvenience or financial losses to parents, these may be unavoidable.'

Student accident insurance and ambulance cover

The Department of Education does not provide student accident insurance or ambulance cover. Parents may wish to obtain student accident insurance from a commercial insurer and/or ambulance cover, depending on their health insurance arrangements and any other personal considerations.

Parent/Carer consent

I have read all of the above information provided by the school in relation to **3/4 Camp Weekaway**, including any attached material.

I give permission for my child _____ (full name) to attend.

Parent/carers: _____ (full name)

_____ (signature) _____ (date)

In case of emergency I can be contacted on:

_____ OR:

Note: Parents/carers should also complete the 'Confidential medical information for school council approved school excursions'.

Confidential Medical Information Form for Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this 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 and Training 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: Y3/4 Camp Weekaway
Date(s): Wednesday 19 - Friday 21 May

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

Business hours

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

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor: _____

Address of family doctor:

Phone number:

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 is living with any of the following health conditions:

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- Bed wetting Blackouts Diabetes Dizzy spells Migraine
- Heart condition Sleepwalking Travel sickness Seizure of any type
- Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

- Beginner swimmer** – little or no experience including in shallow water.
- Intermediate swimmer** – basic skills, able to swim 25 metres with a recognisable stroke.
- Advanced swimmer** – able to swim 50 to 100 metres using two recognisable strokes and to demonstrate one survival stroke in deep water.

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 any 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 teacher-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.

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 and Training requires this consent to be signed for all students who attend government school non-local excursions.

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.

Permission and Payment
Y3/4 Camp Weekaway
19-21 May 2021



Student's Name:

Class:

I DO / DO NOT give permission for my child to attend **Y3/4 Camp Weekaway from 19-21 May 2021** travelling to and from the venue by bus.

I expect them to behave according to the guidelines set out in Parkhill Primary School Community Essential Agreement.

I authorise the teacher in charge to administer first aid as may be reasonably necessary and give consent to my child receiving medical attention as deemed necessary by a medical practitioner. Parents of children who suffer from medical conditions (eg asthma, anaphylaxis) should ensure that their child carries with them all necessary medication.

Parent's Name:

Signature:

Contact Number:

Date:

Payment

Enclosed is full payment of **\$311**

OR deposit of **\$100** by 23 April

*If paying in full, payment is due by **7 May***

I will pay the remainder by instalment on the following schedule:

1. \$100 due 23 April (deposit)
2. \$100 due 30 April
3. \$111 due 7 May

Payments can be made by:

BPay (preferred payment option)

EFT / Credit / Cash

I will use the credit on my account

Other:

Please do not hesitate to contact the principal if you wish to make other payment arrangements.

Dietary Requirements Y3/4 Camp Weekaway 2021



Please enter your child’s dietary requirements below for Year 3/4 Camp Weekaway in Benloch from 19-21 May.

Camp Weekaway staff are highly experienced at catering for the dietary requirements of individual students in their care. Their flexibility in this area is crucial due to the abundance of food allergies in schools, but also for ethical or religious reasons. Please note that there are also teachers who will be on camp who have specific dietary requirements as well, including anaphylaxis.

Fill out and return the dietary requirements form to your child’s teacher.

If your child has a dietary requirement, it is important that it is returned by **Monday 3rd May 2021**.

Y3/4 Camp at Camp Weekaway Benloch 2021 – Dietary Requirements

Child’s name: Class:

My child *does not* have any specific dietary requirements

My child *does* have a specific dietary requirement (details below)

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Name: Signed: Date:

