



Duke of Edinburgh's Award



6 February 2012

Parents & Participants

From March 28 – April 10, participants at the Gold level in the Duke of Edinburgh Award are invited to undertake an Adventurous Project in the Solomon Islands.

The project will require each participant to prepare and deliver a variety of lessons and activities within the community and education facilities. The chosen activities will need to be well prepared, resourced and thoroughly rehearsed prior to delivery.

Each participant should be aware of the requirement to submit a detailed journal no later than 4 weeks after completing the Adventurous Project.

Depart TRAC: Wednesday March 27, 3.15pm (After School concludes)

Return TRAC: Tuesday April 10, midnight

Accompanying staff: Dr Ian Grant, Kym Murray, Alex Sarantakos and Trevor Dawson.

After deducting money the students have fundraised, the cost of the trip is \$1,800.00 per person with these payments needing to be paid in full no later than Tuesday March 22, 2012.

Please feel free to contact me at school if you require further information.

Yours faithfully

Alex Sarantakos
Director of Outdoor Education
doe@trac.nsw.edu.au



MEDICAL INFORMATION



To be completed and photocopied prior to the journey. One copy is to be given to Mr Sarantakos and a second copy to be carried by participant at all times.

Students name: _____

Medicare Number: _____

Parent or Caregiver contact details:

Name:

Address:

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Home Phone: Work: Mobile:

Emergency contact details (nominated by the parent or caregiver as alternate contact)

1. Name: Phone:

2. Name: Phone:

Family doctor contact details:

Name:

Address:

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Phone:

Health/ fitness aspects of the child that may require special attention, including existing medical conditions, illnesses or allergies. Outline the treatment for each.

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Are any medication(s) to be administered during the expeditions. Include name of medication, instructions for administration, time of administration, and any possible reactions.

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Outline special dietary needs including possible reaction to inappropriate diet.

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Furthermore I authorize any officer, member or servant of the Duke of Edinburgh's award, in the event of any accident or illness to obtain such urgent medical assistance or treatment for my son/daughter, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient, and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and hospital fees (other than fees and expenses recoverable by the Duke of Edinburgh Award under any policy of insurance.)

Signed: Date:



PARENTAL AND STUDENT UNDERTAKING



PARENTAL UNDERTAKING

Dear Sir,

1. I agree to my child attending the Solomon Islands Adventurous Project between March 28 and April 10, 2012.
2. I agree to indemnify The Riverina Anglican College and its officers and servants for any accident or illness, which may befall or occur to them during their participation in any activity or function connected with the Solomon Islands Adventurous Project.
3. I understand that the Solomon Islands Adventurous Project will involve my son/daughter's participating in activities of hazardous nature, though school staff will take reasonable care to minimise risks to your child.
4. I understand that due to the nature of the program my son/daughter will not always be under the supervision of staff.
5. I agree to equip my child with any medication they may need for the excursion and ensure that accompanying teachers are aware of any medical condition that your child may have. I understand that teachers will store and administer this whilst on the Adventurous Project.
6. I agree to ensure that my son/daughter has packed all ALL items detailed in the equipment list and that the activity/lesson they intend to contribute whilst on the Adventurous Project is well prepared and rehearsed.

Signature _____ Date ____ / ____ / ____
(Parent/Guardian)

STUDENT UNDERTAKING

Dear Sir,

1. I request permission to attend the Solomon Islands Adventurous Project from between March 28 and April 10, 2012.
2. I understand that for the duration of this trip, I will be deemed to be under the College's jurisdiction and its rules.
3. Under no circumstances will I consume any form of alcohol, nor will I administer or consume any drug not authorised by a registered medical practitioner.
4. I will extend every courtesy and consideration in good manners and proprietary to the College's teacher's, communities, and to fellow students.
7. I understand that it is my responsibility to ensure that all items listed in the equipment list are securely packed into my hiking bag.
8. I understand that I have been selected to join the team based on my commitment to contribute at all times throughout the Adventurous Project and that a substantial amount of time and effort has been placed in the preparation of my chosen lesson and or activities.

Student's Signature _____ Date ____ / ____ / ____

PLEASE SEND THIS PAGE TO THE OFFICE WITH PAYMENT

PAYMENT SLIP:

Return this to the College Office

I hereby give permission for my childof Year to attend the Solomon Islands Community Project.

I have enclosed \$ 1,800.00

- Cash
- Cheque
- Website Payment
- Direct Payment via EFT to School Account
- Credit card authority

Credit Card Payments			
Card Type:	Visa <input type="checkbox"/>	Amex <input type="checkbox"/>	Mastercard <input type="checkbox"/>
Card Number			
Expiry Date			Amount <input type="text"/>
Cardholder's Name	_____		
Cardholder's Signature	_____		

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