



Grade 8 Camp 2013 – Maria Island

Friday, 8th February 2013

Dear Parent/Guardian,

This year the Grade Eight camp will be held on Maria Island from Tuesday the 19th to Friday the 22nd of March.

The camp is designed to take advantage of Maria Island's unique environment, to provide students with Outdoor Education activities, opportunities for examining personal spirituality and the chance to get to know other students and staff on an informal basis.

Students will spend 1 or 2 nights in tents and the remainder in Maria Island's Penitentiary Accommodation on a cyclic basis. Students will have the opportunity to experience bushwalking, sea kayaking, cycling and abseiling if possible. More detail will be forthcoming shortly.

Whilst all of the activities we will undertake on camp are exciting and rewarding some do involve elements of risk. All the Outdoor Education instruction staff that we use are highly trained in the various outdoor activities as well as Wilderness First Aid and are more than competent in dealing with any event that we may encounter. All risks are managed using a comprehensive risk management system.

When undertaking such activities it is integral that all students are on their best behaviour and we reserve the right to refuse participation in any activity if we deem that a student's behaviour is unacceptable or dangerous. If this is the case the parent/guardian will be called to come and collect the student who is behaving inappropriately.

Please find attached a permission slip and medical form both of which should be completed and returned to the school office by 28 February 2013. An asthma form is also included for completion and return if relevant to your child.

Please let me know if you have any questions and concerns.

Dawn Palmer
Quinlan House Head / Year 8 Coordinator

Matt Conolan
Outdoor Education Co-ordinator

PERMISSION SLIP – GRADE 8 Maria Island Camp
19 - 22 March 2013

Student Name: _____

Grade: _____

Tutor: _____

Parental Consent

I have received all the information regarding the Grade 8 camp to Maria Island on 19, 20, 21 and 22 March 2013 and give permission for my child to attend.

I understand that my child needs to behave appropriately at all times whilst on camp and if the teacher deems my child be behaving inappropriately and/or causing danger to themselves or others then I will need to make arrangements for my child to be returned home.

Parent / Guardian Name: _____ Signature: _____

Date: _____

Contact Details:

Phone Number: _____ Email Address: _____

Medical Consent.

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorize 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: _____

Confidential Medical Information

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/field trip is being run.

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

Student's full name:

Students Address:

Date of birth:

Home Room:

Parent/guardians full name:

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

Emergency telephone number: *After hours:*

Business hours:

Name of Family Doctor:

Address of family doctor:

Medicare Number:

Medical/Hospital insurance fund:

Member number:

Please tick if your child suffers from any of the following:

☐ Asthma (if ticked complete Asthma Management Plan) ☐ Dizzy Spells ☐ Heart Condition

☐ Diabetes ☐ Migraine ☐ Sleepwalking ☐ Travel sickness ☐ Fits of any type (explain)

☐ Other: _____

Please elaborate if any box has been ticked:

Allergies:

Please tick if your child suffers from any of the following:

☐ Penicillin other drugs:

☐ Foods:

☐ Other allergies _____

What are the symptoms of the known allergies? _____

What special care is recommended for these allergies?

Year of last tetanus immunization: _____

(Tetanus immunization is normally given at 5 years of age (as Triple Antigen or CDT) and at 15 years of age (as ADT))

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 Swimmer (200m+)

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 teacher in charge. Inform the teacher in charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers, insulin for diabetes or EpiPen for severe allergies). A child can only carry medication with the knowledge and approval of both the teacher in charge and yourself.

Asthma Management Form

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete and attach to the Medical Consent form. Further information is available from the Asthma Foundation www.asthma.org.au.

Student's name:

Usual signs of asthma: ☐ Wheezing ☐ Chest tightness ☐ Coughing ☐ Difficulty breathing
☐ Difficulty speaking ☐ Other please specify.

When completing this form please seek the advice of the asthmatic's doctor if necessary.

1. Usual maintenance regime or medical program followed:

Name of Medication

Method (e.g. Puffer & spacer, turbohaler)

When and how much?

Does the child require assistance to take their medication? ☐ Yes ☐ No

2. Peak flow readings: BestCritical(bring own peak flow meter)

3. Signs of worsening asthma: ☐ Wheezing ☐ Chest tightness ☐ Coughing ☐ Difficulty breathing ☐ Difficulty speaking ☐ Other:

Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

See Asthma First Aid Plan attached on page 2.

5. List any known asthma trigger factor(s):

6. Has the person been admitted to hospital due to asthma in the past 12 months? ☐ Yes
☐ No

7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc.)

☐ Yes ☐ No

8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation? ☐
Yes ☐ No

Important Notes

If you have answered “yes” to questions 6, 7, or 8 then the decision for the person to participate rests with the child’s doctor. The process in such situations is as follows:

- the person's doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student's doctor, stating the doctor's decision must accompany this form.

I declare that the information provided on this form is complete and correct.

Parent/guardian:

Phone contact(s):

OR

Signature: