



## Grade 5 Camp - October 2014

Tuesday, 2 September 2014

Dear Grade 5 Students and Parents/Guardians,

This year the Grade Five camp will be held from Monday the 20th to Wednesday the 22nd of October at Camp Clayton in Ulverstone. Ms Back will not be attending camp but we are very fortunate to have Nicole De Gouveia, Sue Walker, Daniel Paternoster & Paul Nichols accompanying us on camp.

### The Site:

Camp Clayton is situated in Ulverstone and is approximately 4 hours drive from Hobart. The sleeping accommodation consists of modern lodges, each sleeping nine people. Each lodge has a bathroom, shower and toilet. Mattresses and pillows are supplied. The Camp is fully catered and all menus are designed by the Head Chef and an experienced catering team.

### Important Details:

**Date:** Monday 20 October -Wednesday 22 October 2014

**Transport:** O'Driscoll Coaches & School Hiace

**Food:** Fully catered although students will require a refillable drink container and a packed recess and lunch for the first day. If your child has particular food requirements please let us know urgently so that arrangements can be made with the catering staff.

### Activities:

This camp provides many opportunities for the students to participate in a wide variety of activities including:

- ~ Team challenge group activities
- ~ Sporting activities on the Camp Clayton grounds
- ~ Giant Swing
- ~ Flying fox
- ~ Archery
- ~ Rock wall
- ~ BMX course
- ~ In-ground trampolines
- ~ Sports Stadium
- ~ Mini-Golf & Games Room

Our camp aims to provide students with experiences that complement and enhance the curriculum covered at school. It also enables the students to challenge themselves in a safe environment and to develop social and interpersonal skills beyond the confines of the classroom. This camp provides the opportunity for each student to work in teams cooperatively and collaboratively and for them to display maturity and responsibility for themselves and toward others.

A full itinerary, including "stops" on our journey will be provided shortly. An emergency mobile contact number will also be provided prior to the camp.

Please find attached a personal gear list, a medical information form and a permission form. If your child will not be attending camp please let us know promptly as we need to confirm numbers to finalise our travel and accommodation bookings. Please complete and return all forms before the end of Term 3 - Friday 26 September.

As we approach camp, if parents have any concerns or questions please feel free to contact either Paul Crennan or Cathy Back in Grade 5.

Kind regards,

Paul Crennan & Cathy Back  
Grade 5 Teachers

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## **Grade 5 Camp 2014 - Personal Gear List**

*This is a guide; however please make sure your child packs sensible, user-friendly gear that is clearly named. It is important that gear appropriate to the activities outlined is included and packed in a medium to large sized bag for ease of handling.*

### **Clothing**

3 shirts/tops/t-shirts  
1 pair of jeans and/or shorts  
1 pair track-pants  
2 jumpers/warm tops  
1 pair of shoes  
1 pair of running shoes/outdoor shoes (that you don't mind getting dirty or wet)  
3 pairs of socks  
2 changes of underwear  
waterproof jacket  
beanie/scarf  
warm sleepwear  
suitable sun hat/cap  
bath towel + 2 plastic bags for wet/dirty clothing

### **Toiletries**

toothbrush & toothpaste  
soap & shampoo  
face washer  
comb/brush  
deodorant (roll-on only)  
small box tissues  
sun lotion/lip balm  
insect repellent (roll-on only)

### **Bedding and Sundries**

warm sleeping bag  
pillowcase  
small day pack  
drink flask (named)

### **Optional Items: (sole responsibility of the student)**

Camera, iPod, mp3/ music players

*Parents and students please note: mobile phones, DS consoles or other game devices and lollies are not permitted on camp.*

Grade 5 Camp – 20 to 22 October 2014  
Camp Clayton, Ulverstone

Permission Slip

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

I have received the letter containing the details of the Grade 5 Camp to Camp Clayton in Ulverstone from Monday 20 to Wednesday 22 October 2014 and give permission for my child to attend.

Name of Parent/Caregiver: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please list details of any special dietary requirements or further information:

## Confidential Medical Information

The following information will ensure our staff are provided with all relevant information regarding your child for use in planning activities and in the unlikely event of a medical emergency. All information is held in confidence. Please ensure all information is current.

Student's Full Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Name of person to contact in an emergency:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Contact Number: Business Hours \_\_\_\_\_

After Hours \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Address of family doctor: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Private Health Insurance: Fund Name: \_\_\_\_\_

Member number: \_\_\_\_\_

Note: Please be as detailed as possible when describing your child's medical issues/conditions. The more information we have the more we are able to help your child if needed. Please attach a separate sheet if more detail is required.

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)

Sleepwalking  Other: \_\_\_\_\_

Please elaborate if any box has been ticked:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies, Food Intolerances, Dietary Requirements:**

*Please indicate if any of the following are applicable to your child:*

- Allergic to penicillin or other drugs
- Food Allergies
- Vegetarian
- Other – please provide advice of any other allergies or dietary requirements

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, please provide the name of medication, the dosage and describe when and how it is to be taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other important information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All medication must be given to the teacher in charge. Medication must be provided in the correct container (i.e. as dispensed or provided by the pharmacist). 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. Please 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](http://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: Best .....Critical..... (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

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.

### Parent Declaration:

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

Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_