



YEAR 8 CAMP – YEPPOON OUTDOOR RECREATION CENTRE

9th, 10th & 11th February 2011

Parents are asked to read the following important information, complete the permission and medical forms and return them with the \$60.00 levy by Friday 4th February (make all cheques payable to The Cathedral College).

The camp experience for Year 8 students is an essential part of the transition program for the Middle Phase Schooling at TCC. Students will be given the opportunity to develop connections with their Core Teachers. The venue has been selected because of its excellent facilities and close proximity to Rockhampton. Students will be accompanied by Ms Karen Lester, Peta Lloyd, Roy Thompson, Core Teachers, other members of the teaching staff and myself. Students will be accommodated at Yeppoon Outdoor Recreation Centre.

Parents are asked to note the camp will be run over three days with Year 8 Red, 8 Gold and 8 Blue students departing The Cathedral College on Wednesday the 9th of February at 8.30am, stay overnight and return by 3pm of Thursday the 10th of February. Year 8 Orange, 8 Aqua, 8 Purple and 8 Green students will depart The Cathedral College at 8.30am on Thursday the 10th of February, stay overnight and return by 3pm on Friday the 11th of February.

Please note that no food or drink is allowed in the dormitory accommodation and therefore no lollies, chips, softdrinks are to be packed by students. Students are **not** to bring mobile phones or other electronic equipment as there is inadequate security of such valuable equipment. Any students requiring special consideration regarding diet or the taking of medication are asked to include that information on the student permission form attached.

If you have any questions regarding the camp please do not hesitate to contact me at the College on 49991300.

STUDENT REQUIREMENTS

Students will be housed in dormitory accommodation.

Students need to supply their own pillow and linen.

- Casual clothing for 2 days
- Footwear
- Personal toiletries and towel
- Sunscreen protection
- Hat
- Insect repellent (roll on). No aerosol cans
- Togs and sunshirt
- Personal water bottle

Mr Stephen Parle

Assistant to the Principal: Students

FORM A
THE CATHEDRAL COLLEGE - STUDENT PERSONAL DETAILS

Student's Name: _____ Date of Birth: ____/____/____
Home Address: _____
Home Telephone No: _____ Mobile Phone Number/s: _____
Father's Name: _____ Business Telephone: _____
Mother's Name: _____ Business Telephone: _____
Any Relevant Family History: _____

The personal details requested are to enable contact to be made with a student's parents in the event of an emergency and are strictly confidential.

Student Medical History and Authorisation

Medicare No: _____ - _____ - _____ Expiry date: ____/____/____ No. on Card: _____
Private Health Insurance Fund Name: _____
Membership Number: _____ Type of cover: _____
My son/daughter has been immunised against (Please show year immunised, if known):

Date of last anti-tetanus injection: ____/____/____

Is your son/daughter suffering from an injury, disability or medical condition which may affect their participation in the off-campus activity? YES / NO If YES, please give details:

Does your child have any allergies (e.g. penicillin, insect bites, food)? YES / NO If Yes, please give details:

Does your child have any special dietary requirements: YES / NO If Yes, please indicate which foods can be consumed: _____

Is there any other information you would like to give which, in your view, may affect your child's participation in the excursion/off-campus activity? YES / NO If Yes, please give details:

Any other relevant medical history: _____

If your child is on any prescribed medication(s) which would be required to be continued during the excursion/off-campus activity please fill in the attached **FORM C**.

I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved. I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and appropriate conduct of the students who participate in the activities associated with the excursion/off-campus activity. In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred. I include the completed medical information section about my child to assist those who are organising the excursion.

Signed: _____ (Parent \ Guardian) Date: ____/____/____

Please return this form to the College by: 3 February 2010



FORM B
The Cathedral College Excursion/Off Campus Activity
Behaviour Contract



You will be involved in an excursion/off-campus activity that requires a high level of cooperation and a certain level of maturity. This behaviour contract sets out the clear expectations for students.

1. Students are to ensure they follow all directions given by staff of The Cathedral College and/or any other relevant instructor involved in the excursion/off-campus activity promptly and politely.
2. Students are to be mindful of other guests, their peers and staff at all times of the excursion/off-campus activity.
3. Students are expected to respect the privacy of all participants on the excursion/off-campus activity. Appropriate interactions between students are to be maintained at all times.
4. Students are expected to follow all safety procedures immediately and without question.
5. Students are expected to behave in a respectful and appropriate manner at all times.
6. Students who repeatedly fail to follow these directions may be asked to leave the camp. Parents will be notified and will be required to come to the camp and pick up their child.

I have read the behaviour contract and understand my obligations to ensure the camp is safe and enjoyable for all. I also understand that concerns regarding behaviour while on camp may result in contact with parents on return to school and review of future participation in similar activities.

Student Name (please print): _____

Student Signature: _____

Date:/...../.....

Parent/Guardian Section

I hereby give consent for my son/daughter

_____	_____	_____/_____/_____ Age	_____/_____/_____ Date of Birth
Christian Name	Surname		

to attend the _____

I acknowledge the above Behaviour Contract and understand the expectations for this excursion/off-campus activity. I further agree to meet the costs of any accident, illness or unforeseen circumstance that may occur. If necessary, I will come to collect my child from the excursion/off-campus activity.

Signed: _____ Date: ____/____/____

Printed Name: _____

OFFICE USE

Amount Paid: \$_____ (Make cheques payable to The Cathedral College)

Receipt Number: _____

FORM C
MEDICATION PERMISSION FORM



STUDENTS NAME: _____

YEAR LEVEL: 8

PASTORAL CARE GROUP: ____/____

TYPE OF MEDICATION: _____

REASON FOR MEDICATION: _____

PRESCRIBED DOSAGE: _____

PARENTS NAME: _____

SIGNATURE: _____

DATE: ____/____/____