**Year 5/6 Camp Information Pack**

**Phillip Island Adventure Resort**

**Monday 28th – 30th October**

Dear Parents/Guardians,

**Final payment is dueFRIDAY 20th SEPTEMBER. Attached are Consent and Confidential Medical Forms. Please return by FRIDAY 20th SEPTEMBER.**

All students will be travelling by bus to and from Phillip Island Adventure Resort. Students **will need** **to bring a snack and lunch** on this first day. Attached is the camp program.

Students are to meet at the Argyle Avenue entrance at 8:45am on Monday 28th October. They will return to school on Wednesday 30th October at approximately 2:30pm.

**Mobile phones/ Electronic Equipment/Games**

Under no circumstances are mobile phones, cameras or electronic devices to be taken. Card games, books and board games are welcome.

**Spending Money**

Students will not need any money on this camp.

**Nut Awareness**

The resort is a nut aware campsite.

**Contact the camp**

In an emergency, contact the school and they will contact staff at the camp OR the resort camp can be contacted on 03 5952 2417 and ask to speak to Fiona Sewell. However as camp staff will attending to activities it is quicker and easier to contact the school as all school staff attending camp will be easily contactable.

Yours sincerely

Senior School Staff

Fiona Sewell, Andrew Cumming, Sarah Ebbott and Michelle Tilley

# Chelsea Primary School Year 5/6 Camp - Phillip Island Adventure Resort

To obtain effective consent, schools need to provide sufficient information to parents about the nature of and risks associated with the excursion. Parents must be able to give informed consent to their child’s participation in the excursion after considering the risks. Specific information about the excursion should be included here or provided as an attachment. There must be full disclosure. Parents should also be given the opportunity to ask questions.

A risk assessment of all adventure activities has been completed and submitted to the school council as part of the approval process.

**Name of school: Chelsea Primary School**

**Title of excursion: 5/6 Camp Phillip Island Adventure Resort**

**Educational purpose of the program:**

To build student independence, relationships and participate in a range of activities that challenge students to extend their comfort zone, work productively in teams and develop thinking and problem solving.

**Details of supervising staff and assistance:**

Fiona Sewell, Andrew Cumming, Sarah Ebbott and Michelle Tilley,

**Costs:**

$300 paid prior to the camp

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

**Departure details**

Monday 28th October 2019

Meet at the Argyle Ave entrance of Chelsea Primary School at 8:45am

**Return details**

Wednesday 30th October 2019

Argyle Ave entrance of Chelsea Primary School approximately 2:30pm

**Distance from expert medical care:**

Ambulance service available in Phillip Island. The closest hospital is Wonthaggi District Hospital, (5671 3333)

**Accommodation arrangements:**

Cabins at the campsite.

**Travel arrangements:**

Any travel during camp will be by bus or walking

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

Circutron, Canoeing, Giant Swing, Flying Fox, Raft Building,

**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.**

First aid needs (including a trained /qualified person – Mrs Michelle Tilley) are the responsibility of the group, all school staff attending are First aid trained. We will bring a First Aid kit which is sufficient for the needs of the group and relevant to the activities being undertaken. A portable kit for off-site activities is available. At least one car will be available for emergency use.Please see expert medical care for information about medical facilities nearby.

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

**Attachments**

**[ ]** Daily itinerary

[ ]  Clothing list

[ ]  Medical form

**Clothing and Equipment list**

|  |  |  |
| --- | --- | --- |
| **Clothing** |  | 2 warm jumpers/windcheaters |
|  |  | 2 pairs of long pants |
|  |  | 3 underwear |
|  |  | 3 pairs of socks |
|  |  | 2 long sleeve shirts |
|  |  | 3 t-shirts (no singlets as per sun smart policy) |
|  |  | Sunsmart Hat (no caps) and beanie  |
|  |  | Raincoat/waterproof jacket |
|  |  | 1 pair of Pyjamas |
|  |  | Bathers/swimwear  |
| **Shoes** |  | 2 pairs of comfortable walking shoes |
|  |  |  Children definitely need a spare pair of shoes as the grounds are muddy. |
| **Sleeping** |  | Pillow |
|  |  | Sleeping bag |
|  |  | A teddy or similar to cuddle (soft cuddle toy) |
| **Personal** |  | Soap |
|  |  | Roll on Deodorant (no aerosols) |
|  |  | Toothbrush/toothpaste |
|  |  | Hairbrush |
|  |  | Handkerchiefs |
|  |  | Towel x 2 (one for showers and one for canoeing/raft making) |
| **Medical** |  | **Personal medical requirements must be clearly labelled and instructions provided. All medications must be handed to Mrs Tilley on Monday morning prior to leaving the school.** |
| **Other** |  | Water bottle |
|  |  | Torch (for night walk and any other night time activities) |
|  |  | Lunch and morning tea for the first day |
| **Optional** |  | Slippers/dressing gown  |

**Note**

Electronic games, devices, cameras and mobile phones are **not** permitted. Lollies can be brought for sharing and be given to the teacher no later than Friday 25th October

**Bus Requirement**

The bus company has stipulated that bags need to be soft sided bags, weigh no more than 12kg and the sleeping bag is to be kept separate not tied on. Please make sure **all** property is clearly labelled with student’s name.

**5/6 Camp Parental Consent Form**

**Student behaviour**

‘I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the camp, 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.’

**ICT/Photograph consent**

‘I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.’ [Strike out if you do not consent]

**Consent for emergency transportation**

‘In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.’

**Student accident insurance**

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

Parent consent – PLEASE COMPLETE AND RETURN BY FRIDAY 20th SEPTEMBER

I have read all of the above information provided by the school in relation to the 5/6 Camp, including any attached material.

I give permission for my daughter/son\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) to attend.

Parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_ (date)

In case of emergency I can be contacted on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR:

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

**Note:** Parents should also complete the ‘Confidential medical information for school council approved school excursions’ attached.

# Confidential Medical Information for School Council Approved Excursions

**PLEASE COMPLETE AND RETURN BY FRIDAY 20th SEPTEMBER**

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/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 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:** 5/6 Camp, Phillip Island Adventure Resort

**Date:** 28/10/2019 – 30/10/2019

Student’s full name:

Student’s address:

 Postcode:

Date of birth: Year level:

Parent/guardian’s full name:

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

Phone Number/s:

Name of person to contact in an emergency (other than Parent Guardian)

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

Phone Number/s:

Name of family doctor:

Address of family doctor:

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 suffers any of the following:**

🞎 Asthma (if ticked complete Asthma Management Plan) 🞎 Bed wetting 🞎 Blackouts

🞎 Diabetes 🞎 Dizzy spells 🞎 Heart condition 🞎 Migraine

🞎 Sleepwalking 🞎 Travel sickness 🞎 Fits of any type

🞎 Other:

**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 (200m+)

**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 classroom teacher. 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 requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

**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.