Dear Parents,

The 2017 Year 6 camp will be held at Milson Island Sport and Recreation Centre, NSW. It will be a 3 night 4 day camp.

**Camp Dates:** Tuesday 21 February – Friday 24 February 2017

**Cost:** maximum cost $420

The cost for each child includes:
- food at camp (morning tea will need to be provided on day one)
- accommodation and activities
- coach hire and ferry transfer

**Payment is included in the fees for 2017.**

The purpose of this year’s camp is to continue developing the leadership capacity of our students by using cooperative skills activities, incorporating self-esteem and physical challenges. Activities may include: Abseiling, Giant Swing, Challenge Ropes Course, Kayaking, Raft Building and Orienteering.

Attached are the various consent and information forms that need to be filled in for your child. These forms cover different aspects including: medical, dietary needs and travel. You will notice that there is a double up on some of the forms and this is because the Catholic Education Office and Milson Island Sport and Recreation Centre both require these forms to be filled in.

**School forms need to be returned by Wednesday 14 December, 2016 (Week 10).**

There is also a NSW Sport and Rec online form which needs to be completed by **Monday 23 January 2017.** It is vital that the Milson Island Sport and Recreation Centre receives information relating to the medical, dietary and other special needs of our students. This date is during the school holidays so please consider filling out the online form as soon as possible, ideally before the Christmas holidays, to avoid camp registration problems during the school holidays.

The details of the online NSW Sport and Rec form are below:

Milson Island Sport and Recreation Centre online Medical and Consent form is available at:


Parents/guardians must complete this form on behalf of their child using the information below:

**Booking Number:** 489932  
**Booking Start Date:** 21/02/2017  
**Booking Venue:** Milson Island Sport and Recreation Centre
A packing list of clothing, bus times and other requirements will be sent home in Week 1 Term 1 2017.

The CEO wishes to ensure that the parents/students understand the effect of the Milson Island Risk waivers and releases so that they can make their own informed decision as to whether or not to allow each student to participate. To this end we must include the following:

Sport and Recreation implements a range of risk-management processes to minimise real risk to all participants. These include providing industry-recognised training and assessment and ongoing staff development for activity delivery and high standards of facility and equipment management. In addition, Sport and Recreation has an established Compliance and Risk Management Unit that supports Centres in meeting risk-management requirements.

Sport and Recreation recognises participation in outdoor pursuits carries a level of inherent risk. It is not possible to totally eliminate risk, nor would this be desirable, as an element of risk is required to challenge and develop students. The programs conducted at the 11 Centres are designed to foster the positive benefits associated with risk. This means students can experience a true sense of achievement, in an environment that identifies and mitigates real risk of harm.

Facilities operating with school-age children in a residential setting will inevitably have occasional accidents and incidents. These include minor accidents that active people may typically experience such as sprains, abrasions, bruises, stings or minor illnesses. Examples of risks that may apply to any activity during the program are addressed in the "CENTRES" section of this document on page 3.

The adults attending camp will be the Amanda Jiang, Ann-Maree Hinds, Julie Godfrey and Vicki Van der Sanden.

Please do not hesitate to contact us at the school if you have any questions. If you have difficulty in meeting the costs of the School Camp please organise an appointment with Mrs Doszpot (2016) or Mrs Van der Sanden (2017) to make alternative arrangements.

Yours sincerely,

Amanda Jiang
Yr 6 Excursion to Milson Island Sport and Recreation Centre
Date: Tuesday 21st February to Friday 24th February 2017

STUDENT DETAILS:
Name of Student: ___________________________ Date of Birth: __/__/____
Current Class: ___________________________ Home Phone No: ___________________________
Mother’s Name: ___________________________ Work Phone: ___________________________
          Mobile: ___________________________          
Father’s Name: ___________________________ Work Phone: ___________________________
          Mobile: ___________________________          

EMERGENCY CONTACT:
Name: ___________________________ Phone: ___________________________
Relationship: ___________________________ Medicare No: ___________________________
          
Private Health Insurance: ___________________________

STUDENT MEDICAL DETAILS:
Date of last Tetanus injection: ___________________________

If your child has asthma please complete the attached School Camp Asthma Management Plan (attached).

Details:
1. Heart Problems YES / NO
2. Respiratory Problems YES / NO
3. Allergies YES / NO
4. Travel Sickness YES / NO
5. Blood Pressure YES / NO
6. Phobias YES / NO
7. Bed Wetting YES / NO
8. Operations YES / NO
9. Recent Illness YES / NO
10. Drugs Required YES / NO
11. Drugs Reactions (eg Penicillin Allergy) YES / NO
12. Other Information YES / NO
13. Ambulance Insurance YES / NO
14. Special Dietary Needs – please indicate ___________________________

15. If answer is YES to any of the above please detail additional information (eg Treatment plans, etc).
WATER EXCURSION PERMISSION

This excursion involves water activities. Please complete the section below allowing your child to participate in the water activities.

I give permission for my child ___________________________ of (current class) ___________________________ to participate in water activities during the Yr 6 Camp to Milson Island Sport and Recreation Centre.

Please indicate your child’s swimming ability by signing the appropriate description.

My child is a:
- Strong (50m unaided)________________________ (signature)
- Average (25m unaided)________________________ (signature)
- Poor (10m unaided)________________________ (signature)
- non-swimmer________________________ (signature)

PARENTAL CONSENT:

As Parent/ Guardian of ___________________________ I give my consent for him/her to participate in the Yr 6 excursion (Milson Island Sport and Recreation Centre) and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I submit the attached medical information about the above mentioned student and include details of limitations, which he/she has for the activities concerned.

If I cannot be contacted to give approval for medical assistance I authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur. If I am unable to be contacted to give approval, I further authorise qualified medical practitioners to administer anesthetic if such an eventuality arises. I agree to pay all medical expenses incurred on behalf of the abovementioned student.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded.

Parent/Guardian Signature: ___________________________ Date: ____________
School Camp Asthma Management Plan

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick (✓) the appropriate box and print your answers clearly in the blank spaces where indicated.

Student's Name: ___________________________ Year Group: ___________________________

Gender: M ☐ F ☐ Age: _______ Date of Birth: ___/___/___ Form/Class: ______________________

Emergency Contact (eg. Parent/Carer):

Relationship: ____________________________________________________________

Phone (H): ___________________________ (B/H): ___________________________ Mobile: ___________________________

Doctor's Name: ____________________________________________________________

Phone (B/H): ___________________________ Mobile: ___________________________

Ambulance Subscriber: Y ☐ N ☐ Subscriber No ______ Medicare No. ___________________________

Usual Asthma Management Plan

<table>
<thead>
<tr>
<th>Usual signs of student's asthma</th>
<th>Worsening signs of student's asthma</th>
<th>What triggers the student's asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased signs of:</td>
<td></td>
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<tr>
<td>Wheezing</td>
<td>Wheezing</td>
<td>Exercise</td>
</tr>
<tr>
<td>Tightness in chest</td>
<td>Tightness in chest</td>
<td>Colds/Viruses</td>
</tr>
<tr>
<td>Coughing</td>
<td>Coughing</td>
<td>Pollens</td>
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<tr>
<td>Difficulty in breathing</td>
<td>Difficulty in breathing</td>
<td>Dust</td>
</tr>
<tr>
<td>Difficulty in speaking</td>
<td>Difficulty in speaking</td>
<td>Food</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Other (please describe)</td>
<td>which foods?</td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Other Triggers (Please note)</td>
<td></td>
</tr>
</tbody>
</table>

Does your child need assistance taking their medication Y ☐ N ☐

Any other information that will assist with the asthma management of the student while on camp, eg. peak flow, asthma action plan, night time asthma, recent attacks (attach additional information if necessary)

Medication requirements: (including preventers, symptom controllers or medication needed before exercise)

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Method (eg puffer &amp; spacer, turbuhaler)</th>
<th>When and how much?</th>
</tr>
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