



Rosary Primary School



TOGETHER WE DO OUR BEST | BELIEVE | EXPLORE | STRIVE | TRIUMPH

Dear Year 4 Parents/Carers,

Early Settlers Camp at Birrigai Tidbinbilla Road, ACT.

Camp Dates:	<u>Monday 11th – Tuesday 12th September (Week 9 term 3)</u>
Depart School:	9.00 am (Monday)
Return to School:	Approx. 2:45 pm (Tuesday)
Cost:	<u>\$163.00</u> appears on your school account and includes all food, accommodation, coach hire and activities.

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.

All forms need to be returned by **Monday 28th August, 2017**

The CEO wishes to ensure that the parents/students understand the effect of these 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:

'An external organization involved in an activity (such as an event organizer or event host) may require you or your child to sign a document as a condition of participation. Such documents often contain provisions (such as a waiver, release or indemnity provisions) that remove or limit rights which your child or you may otherwise have had relating to any personal injury, damage or loss of any kind suffered, whether arising from negligence or otherwise.'

We *strongly recommend* that you read and consider any such document carefully and take advice on the effect of such document and any insurance you should consider obtaining.'

We have spoken to the children about our expectations for behaviour at camp. These expectations are based on showing respect for fellow students, teachers and property. Any students not attending the camp will be expected to attend school on the camp days. The purpose of this year's camp is to enrich students' knowledge and understanding of our History units on explorers and early settlement in Australia.

The teachers attending the camp will be Philippa Brotchie, Alison Marks yet to be confirmed.

Packing list:

A recommended packing list from Camp Birrigai is attached to this letter, although it should be noted that the list is for a two night/three day camp. In addition, we would add that **no electronic devices, lollies or snacks** at all are brought to camp.

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 van der Sanden to make alternative arrangements.

Yours sincerely,

Alison Marks and Philippa Brotchie

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

<i>Usual signs of student's asthma</i>	<i>Worsening signs of student's asthma</i>		<i>What triggers the student's asthma</i>
	Increased signs of:		
Wheezing <input type="checkbox"/>	Wheezing <input type="checkbox"/>	Exercise <input type="checkbox"/>	
Tightness in chest <input type="checkbox"/>	Tightness in chest <input type="checkbox"/>	Colds/Viruses <input type="checkbox"/>	
Coughing <input type="checkbox"/>	Coughing <input type="checkbox"/>	Pollens <input type="checkbox"/>	
Difficulty in breathing <input type="checkbox"/>	Difficulty in breathing <input type="checkbox"/>	Dust <input type="checkbox"/>	
Difficulty in speaking <input type="checkbox"/>	Difficulty in speaking <input type="checkbox"/>	Food <input type="checkbox"/>	
Other (please describe) <input type="checkbox"/>	Other (please describe) <input type="checkbox"/>	which foods? <input type="checkbox"/>	
_____	_____	_____	
_____	_____	_____	
		Other Triggers (Please note)	

Does your child need assistance taking their medication Y <input type="checkbox"/> N <input type="checkbox"/>			

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)

<i>Name of Medication</i>	<i>Method (eg puffer & spacer, turbuhaler)</i>	<i>When and how much?</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT DETAILS:

Name of Student: _____ Class: _____

Date of Birth: ___/___/___ 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.

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).

PARENTAL CONSENT:

As Parent/ Guardian of _____ I give my consent for him/her to participate in the Year 4 excursion (Birrigai) and agree to delegate my authority to the staff and instructors involved. 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 abovementioned 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:** _____

Print Name _____

Recommended Packing List (For a three day stay)

- 4 sets of underwear
- 3 pairs of socks
- 3 shirts with sleeves (2 short sleeved, 1 long sleeved). No singlet tops
- 1 woollen or polar fleece jumper (2 in winter)
- 2 pairs of trousers/track pants
- 2 pairs of closed in shoes (runners or boots)
- Pyjamas
- Towel
- Hand towel (there are no paper hand towels supplied)
- Toiletries
- 1 broad brimmed hat
- Sunscreen
- Sleeping bag or 2 sheets
- 1 pillow

Birrigai Will Provide:

- Blankets (1 in summer, 2 in winter)
- Japara style raincoats as needed
- Water bottle for visitors to keep

Do not bring:

- Any food including lollies, soft drink or nuts or products containing nuts. ***Birrigai will provide all the food the students will require while on camp including special dietary requirements (vegetarian, halal, gluten free, dairy free, peanut allergy, diabetic etc)***
- iPods or other portable music players
- Expensive cameras (you may bring a disposable camera)
- Torches



EXCURSION MEDICAL INFORMATION AND CONSENT FORM

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken on the excursion.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's Name:		Date of Birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
School:	School Year:	Camp/Excursion:			
Parent/Carer:					
Address:					
Contact Telephone Nos					
Business Hours:		After Hours:		Mobile:	
Other Contact for Emergency:			Telephone No:		
Name of Student's Doctor:			Telephone No:		
Medicare No:	Private Health Fund No:	Membership No:			
Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.					

Please tick if your child suffers any of the following:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) | | | | <input type="checkbox"/> sun screen sensitivity |
- _____

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:	
Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion	
Is the student presently taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any physical or psychological limitations of your child? Please give details.	
Is there any other information which you believe may help us to provide the best possible care?	

Consent to medical attention: In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed