



PARENT MEMO re: Yr 5 Camp 2013
Midginbil Hill Outdoor Education Centre, Midginbil NSW
Wed 20th - Fri 22nd March, 2013 (Term 1, Week 8)

Dear Yr 5 Parents,

Preparations are now under way for our Yr 5 camp at Midginbil Hill. This camp-based outdoor education experience is designed to supplement and enhance the students' school-based learning experiences and their development as a whole person. Some **initial details** for your information are as follows:

❖ **Goals/Purpose:**

- i. To provide an enjoyable alternative educational experience through which students can develop their leadership, independence and interpersonal relationship skills.
- ii. To promote and support self-confidence, co-operation, teamwork and an appreciation of the uniqueness of each individual.
- iii. To offer outdoor education experiences not usually possible in the normal school setting.
- iv. To enjoy each other's company and have fun as a year level cohort.

❖ **Venue:** Midginbil Hill Outdoor Education Centre, 252 Midginbil Hill Rd, Midginbil. NSW. 2484.
(You can check out the camp website at <http://www.midginbilhill.com.au>)

❖ **Transport:** Seat-belted Charter Coach
Departing Jubilee School car park **9am Wed 20th March.**
Returning around **2:00pm Fri 22nd March.**

❖ **Supervising Adults:** Midginbil Hill Outdoor Education Centre qualified personnel plus 4 - 5 Jubilee Staff.

❖ **Outdoor Education Program Activities**

Initiative Games; Problem Solving; Pioneering (Mud Brick Making); Survivor; Raft Building; Indoor Rock Climbing; Jubilee Idol; Campfire.

❖ **Camp Costs:** The total cost = \$ 195 p.p. (included on Term 2 fee statement – no cash payments necessary.) This total cost includes 3 days/2 nights' accommodation, all meals, all day activities led by qualified instructors, all night activities led by Jubilee staff and seat-belted coach transport to and from Midginbil Hill. Please note that our school policy is that genuine financial hardship should never be the sole factor preventing a student from participating in a beneficial school activity. If finance is a genuine concern, please contact our Principal, David Sewell, to discuss possibilities that can ensure student participation.

❖ **Consent & Medical Forms (Parent Support):** The most important and valuable way that parents can be involved is through positive support of this activity and by providing the class teachers with adequate and relevant information regarding their child. Parents are asked to **complete and return the Jubilee Camp Permission and Medication Forms with THOROUGH, SPECIFIC and UP-TO-DATE information.** The accurate provision of this information, which remains confidential, is a requirement of Brisbane Catholic Education and the camp administration, but, most importantly, it enables us to offer your child the best possible care while on camp. Please complete, sign and return the Permission and Contact Details form straight away (no later than this Friday 22 February), to give us an indication of participation numbers and then complete sign and return the Camp Permission and Medication Forms as soon as possible after that (no later than Monday 11 March please.)

❖ **What to bring and not bring:** See attached note.

❖ Please contact us ASAP if you have any concerns with regard to your son/daughter's participation in this exciting and beneficial opportunity.

Regards,

Lauren Parkes

David Meiklejohn

David Sewell77799



Jubilee Primary School, Pacific Pines

Year 5 Camp: March 20th – 22nd, 2013



What To Bring (& Not Bring) On Camp

Comfort, protection and ease of movement are higher priorities than “fashion”, so older items are recommended... Keep in mind that we are going for 3 days & 2 nights in mid-March, so you will need to consider some clothes suitable for outdoor activities and some for our evening indoor activities at this time of the year. Please try to keep your luggage to one large bag + pillow & bedding.

- ❑ Packed morning tea & lunch for Day 1 (Disposable wrappings please).
- ❑ Medication and special dietary needs.
- ❑ Broad-brimmed hat (To be worn at all activities).
- ❑ Sunscreen (preferably 30+) & insect repellent (Non-aerosol).
- ❑ Water bottle.
- ❑ Bedding – a single fitted sheet + top sheet & blanket or sleeping bag.
- ❑ Pillow & pillowcase & pyjamas.
- ❑ Personal toiletries – soap, shampoo, deodorant (Non-aerosol), toothbrush/paste, brush/comb, washer etc (No hair dryers or curling wands etc.).
- ❑ 1 bath towel & 1 beach towel.
- ❑ Some warmer clothing in case of a cool change (E.g. tracksuit, jumper, jeans).
- ❑ Shorts & T-shirts (Avoid dresses, skirts, singlet & midriff tops)
- ❑ Dress-up items for Talent Quest.
- ❑ At least two pairs of closed-in shoes (One older pair for water/mud activities e.g. old sporting shoes) – No thongs, slides or slip-on sandals at all.
- ❑ Several pairs of thick socks.
- ❑ Sufficient changes of underwear for 3 days; 2 nights.
- ❑ Togs, board shorts, rashie /sunshirt.
- ❑ Raincoat /spray jacket.
- ❑ Knife, fork & spoon; non-breakable plate, bowl, cup and tea towel all in a clearly labelled drawstring bag (E.g. Jubilee library/excursion bag).
- ❑ Small torch.
- ❑ 1 small backpack for activity gear.
- ❑ 2-3 small plastic bags for rubbish, dirty clothes, wet gear etc.

Cameras are permitted, but they remain the **responsibility of the owners**. Disposable cameras can be a good option, in case of loss or damage.

NO Gameboys, iPods, mp3s, jewellery, mobile phones, hair dryers, curling wands or other similar appliances/valuables please.

NO MONEY AND NO LOLLIES OR SWEETS ARE TO BE BROUGHT ON CAMP.
Plenty of fresh fruit is always available for students if hungry.



Jubilee Primary School, Pacific Pines

Year 5 Camp: March 20- 22, 2013



PERMISSION AND CONTACT DETAILS

As a Parent/Guardian of _____ I, _____

give my consent for him/her to travel by coach to and from Midginbil Hill Outdoor Education Centre as part of the Jubilee Primary School Year 5 Camp from Wednesday 20 March to Friday 22 March 2013 and to participate in all activities associated with this camp.

I consent that teachers and instructors may take whatever action they deem necessary, should an accident occur and agree to pay all medical expenses incurred on behalf of the above student.

I submit the attached medical information about the above student and include details of his/her limitations and needs, including a completed and signed Student Medication Request Form (On reverse of this page), for any medication needing to be administered to my child while on camp.

I further authorise qualified practitioners to administer anaesthetic if such an event arises. I understand that in such circumstances teachers will attempt to contact the parent or guardian, but will maintain the child's well being as first priority.

Signed: _____

Dated: _____

Emergency Contact Details

Child's Name _____ DOB _____

Emergency Contact: (please list one parent/guardian and one alternative contact person)

1. Name _____ Relationship _____
Phone _____
Address _____

2. Name _____ Relationship _____
Phone _____
Address _____

** Family Medicare No _____



Jubilee Primary School, Pacific Pines



Year 5 Outdoor Education Camp, 20 - 22 March, 2013

Parent/Person With Legal Responsibility for the Student Consent Form

As a Parent/Person with legal responsibility for the student of:

(Child's first name and surname)

I, _____,

(Your first name and surname)

give my consent for him/her to participate in the school activity as detailed in the written information supplied to me. 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 successful conduct of the students who participate in the activities associated with the excursion.

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 (below) about my child to assist those who are organising the camp.

Signed: _____ Date: _____
(Parent/Person with legal responsibility for the child)

Emergency contact telephone number: _____

MEDICAL INFORMATION: (Please note - Where Yes/No is used, please circle as appropriate)

❖ **FAMILY MEDICARE NUMBER :** _____ (Very Important)

Does your child have any **medical condition or disability** which may affect your child's participation in the school excursion? Yes/No * If Yes, please give details:

Is your child on any **prescribed medication(s)** which would be required to be continued during the camp? Yes/No * If Yes, please give details:

**** Please note that if you require prescribed medications to be administered by school staff, you will need to complete and return the Jubilee Student Medication Request Form included with these documents.**

Does your child have any **allergies** (eg. insect bites, food)? Yes/No * If Yes, please give details:

Is there any other information you would like to give which, in your view, may affect your child's participation in the camp? (e.g. bed-wetting, sleep-walking, anxiety.) Yes/No * If Yes, please give details:



Jubilee Primary School, Pacific Pines



Student Medication Request Form

Year 5 Camp: 20 - 22 March, 2013

This form must be completed for medication to be administered to your child during the duration of camp. It has been designed to ensure the safety of your child and to protect school staff who do not have medical training.

Section 1 is to be completed by your child's medical practitioner.

Section 2 is to be completed by you. Please return the completed form to the school.

For the Principal to authorise the administration of medication to your child, the following requirements must be met:

1. Your child's medical practitioner must provide the information required in Section 1 below;
2. All medication supplied to the school for your child must be in a container labelled by a pharmacist, showing the name of the drug, the "use by" date, the name of the student's medical practitioner, the name of the student, the dosage and the frequency of administration.

Section 1

MEDICATION INSTRUCTIONS FROM THE MEDICAL PRACTITIONER

These instructions are requested from the student's medical practitioner to enable the school to maintain its *duty of care* when administering medication to students whose condition would otherwise preclude attendance at school.

Medical Practitioner's name: _____

Address: _____

Phone: _____

Name of student: _____

Name of Medication: _____

Dose: _____ Time to be taken: _____

Commencement date: _____ Conclusion date: _____

Special arrangements: (eg. monitoring the student after administration; restrictions on participation in school activities such as sports or use of machinery; side effects; emergency actions.)

Signed: _____ Date: _____

(Student's Medical Practitioner)

Section 2

NOTIFICATION AND REQUEST BY PARENT/PERSON WITH LEGAL RESPONSIBILITY FOR STUDENT FOR THE ADMINISTRATION OF MEDICATION DURING CAMP HOURS

I request administration of medication as instructed above for my son/daughter.

Full name of student: _____ Date of Birth: _____ Grade: _____

Medicare No: _____ Expiry Date: _____

Note 1: A new **Student Medication Request Form** must be completed:

- If the dose or type of medication is altered;
- If the regime is re-started following the conclusion date of the instructions from the medical practitioner above;
- At the beginning of each new calendar year;

Note 2: This Form is only valid when instructions from the student's medical practitioner have been provided above.

Signed: _____ Date: _____

(Parent or person with legal responsibility for the student)