

2018 YEAR 5/6 COOBA CAMP

DESCRIPTION:

Year 5/6 students are invited to attend a 3 day/2 night camp at Outdoor Pursuit Cooba Camp, Berridale. Activities at the camp may include (subject to availability): The Big Swing, Gladiator Challenge, Teamwork Initiatives, Assault Course, Archery and Leap of Faith.

DATE:

Wed, 31 Oct - Fri, 2 Nov 2018

DEPARTING AT:

8:00 am

RETURNING APPROX:

3:45 pm

VENUE:

Outdoor Pursuit Cooba Camp, Berridale

TRAVEL ARRANGEMENTS:

Bus

COST PER STUDENT:

\$ 300.00

CLASSES INVOLVED:

All 5/6 Classes

TEACHER IN CHARGE:

Kellie Keeffe

ITEMS TO BRING:

Please see the attached checklist.

ADDITIONAL INFORMATION:

Please ensure that the following forms are completed and returned with permission and payments:

- Camp Medical Information/Dietary Needs
- Behaviour Expectations

The "What to Bring Checklist" has been attached for your information.

A Risk Management Plan is available for this excursion upon request.

PAYMENT OPTIONS:

Pay using your credit/debit card by:

1. Visiting the following link:
www.monashps.act.edu.au/payment
2. Follow the instructions on our Westpac Quickweb form, including the fee code: 8155.

Alternatively, you may wish to pay in person by EFTPOS at the Front Office.

Please keep this information page, then complete the permission forms and return it to Jodie.Shipway@ed.act.edu.au (with payment) by **Friday 21 September 2018.**

**2018 YEAR 5/6 COOBA CAMP
Payment Information**

PLEASE RETURN TO THE FRONT OFFICE BY Friday 21 September 2018.

Student Name: _____ Class: _____

To assist families with payments, we have arranged for instalments to be made as follows:

Expression of Interest Deposit:	\$50.00	6 July 2018
50% Payment:	\$150.00	24 August 2018
Full and Final Payment:	\$100.00	21 September 2018

Parents/Carers will be given reminders about the progress payments.

To ensure that all students have an opportunity to attend, please make contact with our Principal, Matt Holdway, to discuss payment options if needed. This camp is an optional parent supported enrichment activity. Full supervision will be provided at school for those students who do not attend.

All payments should be made via Westpac Quickweb (<http://www.monashps.act.edu.au/payment>) using MAZE Reference 8155.

Please tick the following as they apply to you:

<input type="checkbox"/> I have paid the \$50.00 deposit.
<input type="checkbox"/> I confirm payment of \$150.00 (second instalment) and acknowledge that the final payment of \$100.00 is due on 28 September 2018. <i>or</i>
<input type="checkbox"/> I confirm payment of \$250.00 in full and final payment.

OR

<input type="checkbox"/> I have not paid the \$50.00 deposit.
<input type="checkbox"/> I confirm payment of \$200.00 (second instalment) and acknowledge that the final payment of \$100.00 is due on 28 September 2018. <i>or</i>
<input type="checkbox"/> I confirm payment of \$300.00 in full and final payment.

Signature of Parent/Carer:

Date:



2018 YEAR 5/6 COOBA CAMP

PLEASE RETURN TO THE FRONT OFFICE BY Friday 21 September 2018.

Student Name: _____ Class: _____

I hereby consent to my child attending 2018 Year 5/6 Cooba Camp on 31 October to 2 November 2018.

Please check the appropriate boxes:

I have read and understand the attached information page for the event/excursion and I consent to the payment and travel arrangements. *PLEASE NOTE: If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (ETD) (Monash School). This information is necessary for us to be able to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion.*

I understand that the cost of buses is non-refundable as prices are determined by the total number of children travelling. If my child is unable to attend the excursion, and I require a refund (less bus fare), I should make a request in writing, within a week after the excursion to the Business Manager.

The School should be notified by 9.00 am on the day of the excursion if a student is unable to attend.

I understand that the ACT Government (the Territory) does not meet all claims for injury, disease or illness to students resulting from school activities or school organised excursions. Claims are only met where there is a liability to do so. Liability is not automatic and depends on the circumstances in which the injury was sustained. I understand I should obtain my own advice about insurance protection which may assist in meeting expenses if my child is injured in circumstances where there is no liability on the part of the Territory. The ACT Ambulance Service provides free ambulance transport for students who are injured or suddenly become ill at school or during school-approved activities within the ACT. Excursions to states and territories outside the ACT are not covered by free ambulance transport.

In serious cases where medical attention is necessary, and a parent/carer is not available, I authorise the school to make arrangements for the welfare of my child (including transport and medical/surgical treatment).

I agree that my child/children will be under the authority of the school for the duration of the excursion and that the school is authorised to return the student home at the expense of the parent/carer if the school considers that circumstances warrant such action.

The medical information and emergency contact numbers for my child/children held at the school are correct and up to date.

I need to **UPDATE** the information held at the school as follows: *(ONLY FILL IN IF THE SCHOOL DOES NOT HAVE THIS INFORMATION)*

- Parent/Carer #1 Contact Number: _____
- Parent/Carer #2 Contact Number: _____
- Home Telephone Number: _____
- Please change my "Other Emergency Contact" to: *(please include full name and contact number)*

Signature of Parent/Carer: _____

Date: _____



2018 YEAR 5/6 COOBA CAMP
Behavioural Expectations

PLEASE RETURN TO THE FRONT OFFICE BY Friday 21 September 2018.

Student Name: _____ Class: _____

Behavioural expectations for our camp will be discussed with all students attending. The overarching message is that each child is responsible for ensuring their own safe and responsible behaviour in all venues, whether it is at school or elsewhere. Teachers will discuss with the students the importance of compliant behaviour and respectful attitudes. Non-compliance when given direction from teachers makes it difficult for staff to ensure the safety and wellbeing of all students in the less structured environment of a school camp. It is imperative that all students are aware of and follow the expectations and that due respect and consideration be given to all other camp members. To ensure that every person on the camp is given an opportunity to enjoy themselves and participate in the most beneficial way, the following procedure will be followed for repeated inappropriate behaviour:

First instance: appropriate action will be taken by teacher in accordance with the Monash School behaviour management system.

Second instance: appropriate action will be taken by teacher and a phone call to parents.

Third instance: appropriate action will be taken by executive and a phone call to parents will be made to discuss student behaviour. Actions may include returning from the camp.

Students will be expected to enact the Monash School values whilst on camp. These values are:

Confidence	Persistence	Organisation	Getting Along	Resilience
Care & Compassion	Respect	Inclusion	Responsibility	Honesty

Parents are asked to have a conversation with their child/ren regarding appropriate behaviour on camp. We ask that both the student and the parent/carer sign below in acknowledgement and agreement of appropriate behaviour whilst on camp.

Signature of Student

Signature of Parent/Carer



2018 COOBA CAMP MEDICAL INFORMATION REQUEST

Dear Parents and Carers,

I am attaching the *Medical Information Form* and ask that you complete and return this to the school with the camp permission note. The information you are asked to give on the attached form will be used to record the student's medical and related details. The contents and use of this form meet the requirements of the Privacy Act 1988 (Cwth) and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

Management of Medical Conditions

The department is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, departmental policies require principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy

You are asked to indicate on the attached Excursion Medical Information and Consent form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

Emergency Treatment of an Asthma Attack

Please read this section carefully and seek clarification from your family doctor if necessary.

These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately.

Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems. This treatment could be life saving and ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side effects.

Medical Services for Students attending ACT Government Schools

ACT Health advises that the following arrangements apply to students in ACT Government schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT.

Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Free ambulance cover does not apply to students in the Jervis Bay area of the ACT. Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment

1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly would be appreciated.

Matt Holdway

Principal



2018 YEAR 5/6 COOBA CAMP Medical Information and Consent

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 department 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.

Student's Surname / Family Name

Student's Given / Preferred Name

Date of Birth:

Sex:

Male

Female

School:

Monash School

School Year: 2018

Camp: Cooba 2018

Parent/Carer Name:

Home Address:

Home Phone:

Work Phone:

Mobile Phone:

Other Phone:

Name of Other Emergency Contact:

Phone:

Name of Student's Doctor:

Phone:

Medicare Number:

Private Health Fund:

Private Health Fund:

Membership Number:

Ambulance Fund:

NOTE: Parents are responsible for ambulance outside ACT.

Please tick if your child suffers any of the following:

<input type="checkbox"/> Anaphylaxis *	<input type="checkbox"/> Allergies	<input type="checkbox"/> Fits or Blackouts	<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Other: _____ _____ _____
<input type="checkbox"/> Asthma *	<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Reaction to drugs	
<input type="checkbox"/> Diabetes *	<input type="checkbox"/> Eczema	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sight/hearing problems	
<input type="checkbox"/> Epilepsy *	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Sun screen sensitivity	

Describe what happens for any of the conditions ticked above:

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment? Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

NOTE: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

2018 YEAR 5/6 COOBA CAMP Medical Information and Consent

- 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 No

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 No

If YES, please state name of medication, dosage, etc:

Parents must give written permission and directions for the administration of any medication taken during the excursion.

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 student's name, dosage and frequency of administration.

- I consent to my child receiving paracetamol for temporary pain relief. Yes No
- Are you aware of any physical or psychological limitations of your child? Please provide 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/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signature of Parent/Carer

Date

Signature of Parent/Carer

Date

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 whilst on the excursion.

Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.

NB: If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.





2018 YEAR 5/6 COOBA CAMP Dietary Requirements

- Does your child have food allergies?

Yes No

If YES, please list foods that cause an allergic reaction:

- Does your child have any specific dietary needs?

Yes No

If YES, please explain:



2018 YEAR 5/6 COOBA CAMP

Wednesday, 31 October to Friday, 2 November 2018

Activities List

- The Big Swing
- Gladiator Challenge (shoes are likely to get wet, but must be worn, so a spare pair of shoes would be great!)
- Teamwork Initiatives
- Assault Course
- Archery
- Leap of Faith

Items to Bring to Camp

Item	Quantity	Checklist ✓
Packed lunch for first day (including fruit break, morning tea and afternoon tea)	1	
Shirts	4	
Shorts	3	
Long Pants	2	
Underwear	4	
Socks	4 Pairs	
Towel	2 (1 Bath, 1 Beach towel)	
Shoes (comfortable walking shoes)	1	
Sunhat	1	
Sunscreen	1	
Pyjamas	1	
Toiletries – soap, toothbrush, toothpaste, brush/comb	1	
Pillow (with pillow case)	1	
Sleeping bag	1	
Torch (with batteries)	1	
Jumper	1	
Jacket	1	
Insect Repellent (not in an aerosol can)	1	
Drink Bottle	1	
Small backpack or carry bag for drink bottle, hat and rain jacket.	1	
Suitable enclosed footwear for water activities (no thongs, crocs etc.)	1 Pair	
Cards/small board game/novel for free time, clearly labelled with name	Optional	
A camera to take photos (not an expensive one, please), clearly labelled with name	Optional	

PLEASE LEAVE THE FOLLOWING ITEMS AT HOME

- *Any food (other than initial packed lunch) including lollies, gum, snacks, fizzy drinks. Cooba Camp will provide all of the food that students will require while on camp, including special dietary requirements. We have a number of students with **Nut Allergies** and request your cooperation by not sending such foods with your child*
- *Aerosol insect sprays, watches and thongs will not be necessary*
- *Makeup or jewellery*
- *Electronics including iPods, iPads, gaming devices or phones (teachers will have access to phones in case of emergency)*

PLEASE LABEL ALL ITEMS CLEARLY

