



# MATER DEI CATHOLIC COLLEGE

Plunkett Drive, Wagga Wagga NSW 2650 - PO Box 8185, Koorinal NSW 2650  
Ph 02 6923 8300 Fax 02 6923 8399 Email [mdcc-info@ww.catholic.edu.au](mailto:mdcc-info@ww.catholic.edu.au)  
ABN 76 511 781 921 [www.mdccww.catholic.edu.au](http://www.mdccww.catholic.edu.au)

22<sup>nd</sup> May 2017

Dear Year 8 Parents/Guardians and Students,

Further to our letter dated 8 May 2017, please read this information letter carefully in regards to the Year 8 Reflection Camp. Please return the permission note and medical information by **Friday 16 June, 2017**.

**Date:** Wednesday 28 June –Friday 30 June, 2017. Depart Mater Dei Wednesday 28 June at 8.45am. Return to Mater Dei at 3:00pm on Friday 30 June, 2017.

**Destination:** Feathertop Chalet – Victoria – about 2.5 hours from Wagga.

<http://www.feathertopchalet.com.au/web/>

**Mode of travel:** Allen's Coaches accompanied by College staff on each bus.

**Nature of activities to be undertaken:** The focus of the experience for the students is 'Be the Best You Can Be'. The focus will be on developing personal qualities and understanding group dynamics. We will also take a Creative Arts approach in this inspiring natural environment. We will spend time recognising the Spirit moving in the picturesque setting.

**Accommodation Arrangements:** Bunkhouse style accommodation with several dormitories of 4 – 8 beds and ensuites.

**Purpose of the excursion:** To give an opportunity to students to:

- expand their sense of community
- deepen knowledge of self
- explore relationship with God
- take time to reflect
- look for balance/harmony in life
- use the natural environment as a stimulus for creativity

**Cost:** The cost of the camp is \$200 and will be added to your College fees for 2017. If this presents a problem please contact either of us personally at the College. The attached permission note is due by **Friday 16 June 2017**.

**PLEASE NOTE:** Attendance is compulsory. Unless your child has extenuating circumstances, failure to attend will result in his/her exclusion from school attendance for the first three days at the beginning of Term 3.

**Equipment Needed:**

Waterproof jacket  
Appropriate warm clothing – comfortable and practical for physical activities minimum of 3 changes. (Harrietteville is much colder than Wagga)  
Water bottle  
Pillow and pillow case  
Sleeping bag especially for students who feel the cold  
Walking shoes  
Hat/Sunscreen  
Bath towel/Personal Toiletries/ medications

**Expectations of Students:** Participants are reminded that this is a College based activity and therefore College norms and expectations apply in regard to behaviour, prohibited items and substances. Should participants breach these rules, parents may be contacted to collect their child from the event venue. The supervising teacher and his/her assistants' instructions must be adhered to at all times both for the safety of the individual and the safety of the group.

**Security of Personal Property:** We do ask that parents discourage their children from bringing mobile phones, valuable jewellery, iPods and money. We strongly recommend that mobile phones be left at home. They will be collected each night before bed and if they become a distraction during activities.

**Medical conditions:** Please inform on the attached EXCURSION CONSENT AND MEDICAL INFORMATION FORM **any** medical condition including motion sickness so that staff may be prepared for any incident.

**Emergency contact:** Mobile number 0458 220 628 (limited service at venue) or Feathertop Chalet on 03 575 92688.

**Catholic Schools Office Policy Statement:**

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*The school accident insurance policy applies for approved camps/excursions involving an overnight stay. The policy covers students to a maximum of \$10,000 for medical and ancillary expenses where Medicare or private health insurance does not cover these costs.*

*Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.*

We look forward to your support of the Year 8 Reflection Camp.

Kind regards,



Mrs Rebecca Gill  
Assistant to the Principal – Mission



Mrs Val Thomas  
Principal



Please return this form to  
Mater Dei Catholic College office by Friday 16 June 2017

### EXCURSION CONSENT AND MEDICAL INFORMATION FORM:

I \_\_\_\_\_ permit \_\_\_\_\_ to take part in the  
(Name of Parent – printed) (Name of Student)

**Year 8 Camp on Wednesday 28 June – Friday 30 June, 2017 at Feathertop Chalet, Harrietville Victoria**

I understand and agree with the activities of and arrangements made for the Excursion. During the Excursion I delegate my authority to the Supervising Staff and/or Instructors involved in the Excursion. Such teachers or instructors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group and individually.

In the event of illness or an accident that requires medical attention, I permit Supervising Staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### EXCURSION MEDICATION INFORMATION:

Please provide the following information – students are not permitted to take part in the Excursion without this information being provided.

**1) Does your child have any medical condition/s that may affect his/her safety during an excursion?**

NO [ ] YES [ ] *please specify below*

Eg. Asthma, fainting, seizures allergies, diabetes etc...please include any medical or food allergies

---

---

---

**2) Will your child be carrying and or self administering any medication in relation to the condition/s listed above?**

NO [ ] YES [ ] *please specify below*

**MEDICATION:** Parents are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion

---

---

---

**3) Are you a member of a Private Health Fund? NO [ ] YES [ ] *please specify below***

Name of Private Health Fund: \_\_\_\_\_

Number : \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**4) Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child eg. Dietary requirements**

---

---