

## Grade 5 Woorabinda Camp

**Friday, June 30, 2017**

Dear Parents/Guardians,

The Grade 5 students will be attending Woorabinda Camp for 5 days and 4 nights, from Monday 18<sup>th</sup> to Friday 22<sup>nd</sup> of September. This is a fantastic opportunity for students to develop their independence as they experience learning beyond the classroom.

Preparations for camp are well underway. It is going to be a fantastic experience for both teachers and students.

This information is to assist in preparing your child for camp. The following information is included:

- Suggested Packing List
- Student Behaviour Consent Form (to be returned by **Friday 11<sup>th</sup> August**)
- Confidential Medical Report (to be returned by **Friday 11<sup>th</sup> August**)
- Dietary Requirements (to be returned by **Friday 11<sup>th</sup> August**)

### Cost

The balance for the camp is \$180, **due by Friday 25<sup>th</sup> August**. Please see the Office for a payment plan if you have any questions or queries.

Yours sincerely,  
Grade 5 Teachers

*Please complete the attached payment form and return to the Office by **Friday 25<sup>th</sup> August**.*

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### **Credit Card Payment – Grade 5 Woorabinda Camp Balance**

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Visa ☐ Mastercard ☐ **Amount: \$180**

Name on Card: \_\_\_\_\_

Card No.: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CCV No.: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Card Holders Signature: \_\_\_\_\_

## Suggested Packing List

### WHAT TO BRING

Sleeping Bag / Doona & Bottom Sheet	Handkerchiefs / box of tissues
Pillow	Writing Pad
Pillow Case	Pen or Pencil
Towel (Bath)	Gumboots
Toiletries	Good Walking / Hiking Shoes (preferably waterproof)
Underwear	Raincoat & Hat
Pyjamas	Wide-brimmed Sunhats and Sunscreen
Warm Jumpers	Lip Balm / Chap-stick
Comfortable long pants (tracksuit pants or leggings)	Roll-On / Cream Insect Repellent
Socks	Beanie / Scarf / Gloves
Runners	Thongs
T-Shirts	Slippers
Shorts / Skirts	Plastic Bag for Dirty Clothes
Torch	Drink Bottle

**Special Note: Children should be involved in the packing process so that they are well aware of their own belongings and are able to pack their bag efficiently at the end of camp.**

#### Hand luggage to take on bus with you:

- Morning tea, lunch and drink bottle (in disposable wrapping)
- Pen/pencil
- Camera (optional)
- Book to read
- Cap/hat/beanie
- Sunscreen/insect repellent

## WHAT NOT TO BRING

Good Clothes	Valuable Items
Computerised / Electronic Games or devices	Money
Lollies or chewing gum	Radio / iPod / iPad
Mobile phones	Jewellery

### IMPORTANT

- Children should bring sufficient clothing, for all weather conditions, for the entire three days.
- All clothing should be clearly marked with your child's name!
- Please do not tie parcels or sleeping bags to suitcases.
- Special Note: Children should be involved in the packing process so that they are well aware of their own belongings and are able to pack their bag efficiently at the end of camp.
- Any medications **must** have the student's full name and dosage clearly labelled on it and given to staff on the Wednesday morning.
- Please be aware that clothing and shoes may get wet, dirty or damaged when involved in adventure activities.

# Student Behaviour Consent Form

## Grade 5 Woorabinda Camp

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### Student Behaviour

I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to him/ herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

### General Rules

- Follow all camp rules
- Listen to Teachers, Helpers & Instructors
- Be respectful of other people, property and the environment.

### Student Consent

I have read the above information and have discussed it with my parent/guardian.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

### Parent Consent

I have read all of the above information provided by the school in relation to the Somers Camp, including any attached material.

I give permission for my daughter/son \_\_\_\_\_  
(full name) to attend the Grade 5 Woorabinda Camp.

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In case of emergency I can be contacted on:

**Contact A:** \_\_\_\_\_

**Contact B:** \_\_\_\_\_

## Dietary Requirements Form

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Please list any specific dietary requirements your child may have. This may include foods not eaten due to religious or cultural reasons e.g. pork, fish, eggs, gelatine etc.

If there are no dietary requirements, please state 'None' and sign the form.

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**Student Name:** 

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**Student Class:** 

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**Parent Name:** 

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**Parent Signature:** 

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**Date:** 

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**Any food allergies:**

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## Woorabinda School Camp

### General Information

#### Introducing Woorabinda

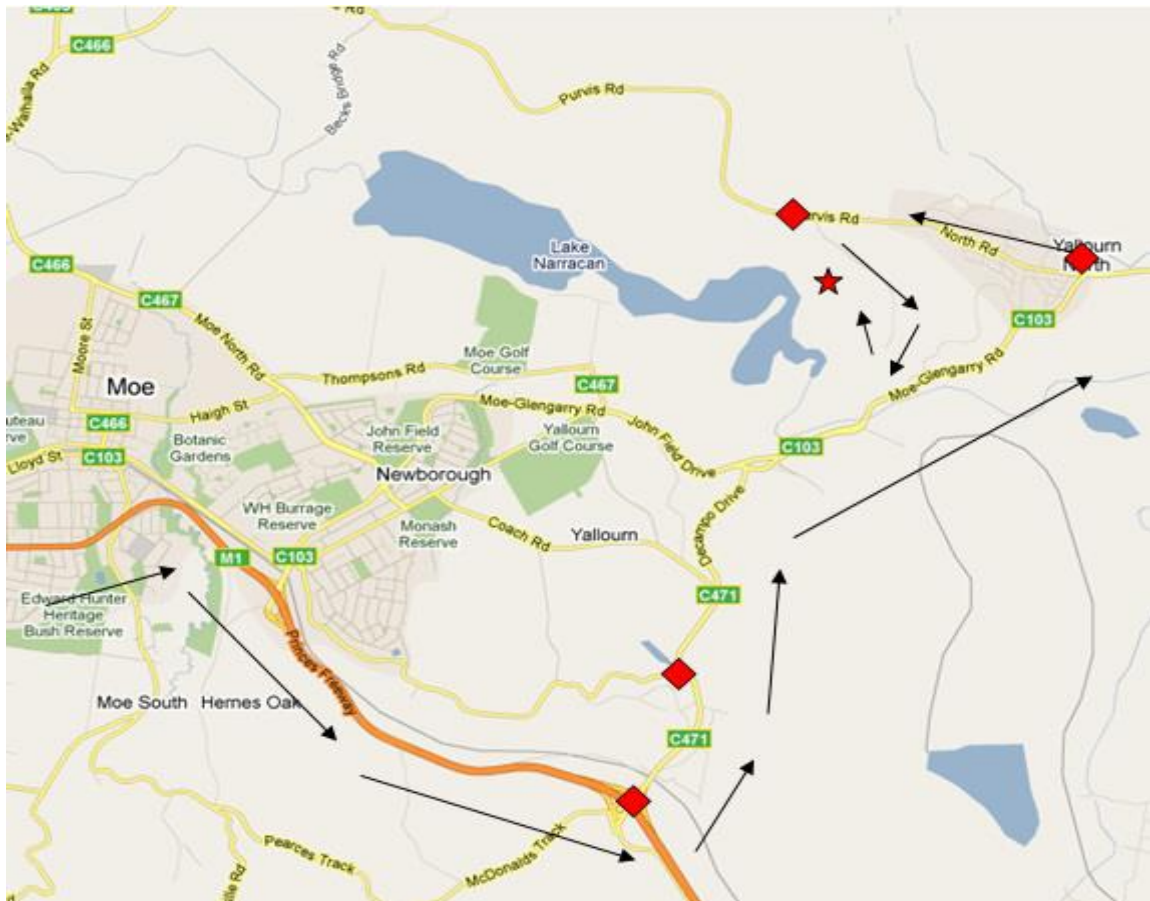
Woorabinda, the 'Camp by the Waterhole', has a long and proud history which dates back to 1973 when the first residential camp was held in February of that year. Since then Woorabinda has seen many changes and now is a proud partner and campus of Somers School Camp.

Woorabinda is situated on approximately 100 Hectares of native bush land, open paddocks and hidden wetlands swarming with an amazing array of native fauna and flora.

Woorabinda is located on the north shore of Lake Narracan and optimizes the proximity of this resource throughout the camp program.

Woorabinda School Camp has an experienced, qualified teaching staff that can turn a walk through the bush into an adventure based educational experience.

#### Where is Woorabinda? - Woorabinda School Camp



## Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: **Woorabina Camp**

Date(s): **Monday 18<sup>th</sup> to Friday 22<sup>nd</sup> of September**

### Personal Information

Student's full name: \_\_\_\_\_

Student's address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Year level: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Name of person to contact in an emergency (if different from the parent/guardian):  
\_\_\_\_\_

Emergency telephone numbers: After hours \_\_\_\_\_ Business hours \_\_\_\_\_

Name of family doctor: \_\_\_\_\_

Address of family doctor: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Medical/hospital insurance fund: \_\_\_\_\_ Member number: \_\_\_\_\_

Ambulance subscriber? ☐ Yes ☐ No If yes, ambulance number: \_\_\_\_\_

Please indicate if Ambulance cover is included within your Private Health Insurance Fund: ☐ Yes ☐ No

Is this the first time your child has been away from home? ☐ Yes ☐ No

### Please tick if your child suffers any of the following:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma (if ticked complete Asthma Management Plan) | <input type="checkbox"/> Bed wetting     | <input type="checkbox"/> Blackouts        |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Dizzy spells    | <input type="checkbox"/> Heart condition  |
| <input type="checkbox"/> Sleepwalking                                       | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |

☐ Other: \_\_\_\_\_

## Allergies

**Please tick if your child is allergic to any of the following:**

☐ Penicillin ☐ Other Drugs: \_\_\_\_\_

☐ Foods: \_\_\_\_\_

☐ Other allergies: \_\_\_\_\_

**What special care is recommended for these allergies?** \_\_\_\_\_

## Year of last tetanus immunisation:

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

## Medication

**Is your child taking any medicine(s)?** ☐ Yes ☐ No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

*All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.*

## Medical Consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

**Parent/guardian's full name:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

**Note:** *You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.*