



St. Bernard's

Catholic Primary School, East Coburg

3rd September, 2025

Dear Grade 5/6 Parents,

The Year 5/6 Camp at **Phillip Island Adventure Resort** is fast approaching from Tuesday, 14th October, to Thursday, 16th of October, 2025. Phillip Island is approximately 2½ hours from Coburg. We have finalised the cost of the camp, which is \$380 per student.

Your child's **Permission and Medical Consent Form, Confidential Medical Information for School Camp Form, Camp Activities and Permission Form** are included with this letter and permission for camp. The total cost for camp is due by Tuesday, 7th October, 2025. Payment can be made at the school office.

An overview leading up to camp is as follows:

Wednesday, 3rd September: Permission and Medical Consent Form, Confidential Medical Information for School Camp Form, Camp Activities Permission Form.
Friday, 19th September: All three forms must be returned to school.
Tuesday, 7th October: Camp payment of \$380 due to the school office
Tuesday, 14th October: Leave St. Bernard's at 9:00 am for Phillip Island Adventure Resort
Thursday, 16th October: Return to St. Bernards at approximately 3:00 pm

Students will travel by bus to and from camp. St. Bernard's staff members will supervise the students at all times, and staff from Phillip Island Adventure Resort will also supervise students during certain activities.

****Please Note**

We will stop for lunch on Tuesday, October 14th, at San Remo. Students need to bring a snack, lunch, and a drink. All other meals for the camp are supplied. The food provided is plentiful, so children **do not need to bring extra snacks and lollies.**

All students need a completed **Confidential Medical Information Form**. Any students who have additional health needs must also have an up-to-date Medical Management Plan detailing any specific requirements to attend camp. If your child requires any type of medication to be administered, a **Medication Authority Plan** must also be completed. These forms can be collected from the class teachers. There are new requirements for administering any and all medication whilst on camp. Please carefully read the medication information in the **CONFIDENTIAL MEDICAL INFORMATION FOR SCHOOL CAMP**.

If your child is unwell in any way, they should not attend camp. Should a student show any symptoms of being unwell whilst at camp, parents will be contacted and required to pick up their child immediately.

The following is a list of items students will need for camp. All belongings should be clearly labelled with your child's name.

WHAT TO BRING

Clothing <ul style="list-style-type: none">● Underwear (socks, jocks, thermals)● Warm waterproof jacket● Comfortable clothing for activities● Shirts / T-shirts● Long pants and long-sleeved shirt● Jumper● Pyjamas● Rain Coat● Gloves, beanie, warm jacket● Cap/Hat Footwear <ul style="list-style-type: none">● Comfortable closed-toed shoes for activities● Closed-toed shoes for water activities● 2 pairs of runners/sneakers (an old pair for canoeing)	Toiletries <ul style="list-style-type: none">● Toothbrush and toothpaste● Shampoo and conditioner● Soap● Towel● Hairbrush● Tissues Other <ul style="list-style-type: none">● Water bottle● Sunscreen SPF 15+ / sunglasses● Plastic bags (multiple) for dirty clothes Bedding <ul style="list-style-type: none">● Single bed fitted sheet● Pillow slip & pillow● Warm bedding (e.g. sleeping bag or doona)
---	---

The following are **NOT** permitted on camp. It would be appreciated if this was both checked and supported by parents.

<ul style="list-style-type: none">● Mobile Phones● Smart Watches● Electronic Games● iPads or electronic devices aside from a handheld camera	<ul style="list-style-type: none">● Inappropriate Clothing● Sporting Equipment (provided)● Money● Food: including lollies, chips and nuts.
---	---

Luggage Requirements

Where possible, sleeping bags should be in cases/bags. If packed separately, they are to be clearly labelled. Students are expected to be responsible for their own belongings and must be careful not to overpack or bring a bag that they cannot carry themselves.

Asthma

Any children who suffer from asthma must carry their own asthma puffer at all times. Ensure the Asthma Medical Form has been completed and given to teachers.

Anaphylaxis

Anaphylactic children must have their own epi-pen with them at all times. The St Bernard's staff group leader will carry these.

Thank you for supporting this wonderful camp program. If you have any questions, please do not hesitate to contact any of the 5/6 teachers.

Kind regards,
Bridget Morris, Nick Flavel and Joshua Fedele



St. Bernard's

Catholic Primary School, East Coburg

YEAR 5/6 2025 CAMP ACTIVITIES PERMISSION FORM

Child's name: _____ Grade: _____

Please tick the appropriate box for each activity:

I consent to my child participating in the **Twin Flying Fox** at the **Phillip Island Adventure Resort**. Yes ☐ No ☐

I consent to my child participating in the **Raft Making** at the **Phillip Island Adventure Resort**. Yes ☐ No ☐

I consent to my child participating in the **Archery** at the **Phillip Island Adventure Resort**. Yes ☐ No ☐

I consent to my child participating in the **Giant Swing** at the **Phillip Island Adventure Resort**. Yes ☐ No ☐

I consent to my child participating in **Low Ropes & Boulder Wall** at the **Phillip Island Adventure Resort**. Yes ☐ No ☐

I consent to my child participating in **an alternative activity (if weather or staffing issues occur)** at the **Phillip Island Adventure Resort**. Yes ☐ No ☐

I consent to my child watching a PG (Parental Guidance Recommended) rated movie at the **Phillip Island Adventure Resort**. Yes ☐ No ☐

Parent's Name: _____

Parent's Signature: _____ Date: _____



St. Bernard's

Catholic Primary School, East Coburg

CONFIDENTIAL MEDICAL INFORMATION FOR SCHOOL CAMP

This information is intended to assist the school in the event of a medical emergency involving your child.
All information is held in confidence.

Child's name: _____ DOB: _____ Year level: _____

Parent's/guardian's full name: _____

Address: _____

Post Code: _____

Emergency phone numbers: AH: _____ BH: _____

Name and address of the family doctor:

Medicare Number: _____

Medical/hospital insurance fund: _____ Contribution no. _____

Previous experience: Is this the first time your child has been away from home? Yes No

Please circle if your child suffers from any of the following:

Bedwetting	Fits of any type	Heart condition	Asthma	Diabetes
Dizzy spells	Sleepwalking	Blackouts	Migraine	Travel Sickness

Other: _____

Does your child have any special dietary requirements?

Allergies to:

Penicillin _____ Other Drugs _____

Any foods _____

Other _____

What special care is recommended?

Tetanus immunisation - 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

Tablets and Medicines - Is your child presently taking tablets and/or medicine? Yes ☐ No ☐

If yes, you will be required to complete a **Medical Management Plan** and a **Medication Authority Form**, which will be given to your child prior to camp and then handed to Bridget Morris in the boardroom between 8:30 am and 9:00 am on Tuesday, the 14th of October.

All medication must be accompanied by a **Medical Management Plan** and a **Medication Authority Form**. All medication must be in original packaging and clearly state the child's name, dosage (amount & timing), prescribing doctor if a prescription medication & in a container or zip lock bag labelled with your child's name (*These will be kept in the first aid centre and distributed as required*). If it is necessary or appropriate for your child to carry his or her own medication (*for example, asthma puffers*), it must be done with the knowledge and approval of both the teacher in charge and yourself. Medication will not be given unless the above requirements have been met.

Parent Name: _____ Parent Signature: _____

Date: _____



St. Bernard's

Catholic Primary School, East Coburg

PERMISSION AND MEDICAL CONSENT FORM

I hereby give my permission for _____ to participate in the Years 5/6 camp at Phillip Island Adventure Resort on Tuesday 14th - Thursday 16th October 2025.

Where I am unable to be contacted, or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the camp or activity to:

- consent to _____ receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in administering medical, surgical, or first aid treatment considered necessary, the responsibility for payment of all expenses incurred in relation to such treatment, and any emergency transportation required.

I also accept that in the event of serious misbehaviour, I will be required to collect my child and take them home. Financial costs associated with this will be met by me.

Parent Name: _____ Parent Signature: _____

Date: _____

Student Agreement

I pledge to follow all the safety rules at camp so that I am safe and I make it safe for everyone else. I understand that if I do not do this, my parents will be contacted, and arrangements will be made for me to leave the camp.

Name: _____ Signed by child: _____