

LILYDALE HIGH SCHOOL

Melba Avenue, Lilydale 3140
Telephone: 9735-5644
Facsimile: 9735-3552
Lilydale.hs@edumail.vic.gov.au
www.lilydalehs.vic.edu.au



6 March 2015

Dear Parent/Guardian

YEAR 10 CENTRAL AUSTRALIA CAMP 2015

Camps 1 & 2 Monday 20 April - Tuesday 28 April
Camps 3 & 4 Wednesday 22 April - Thursday 30 April

To ensure that all bookings can now be finalised we are requesting the **final payment** of **\$500.00** be paid to the General Office by **Friday 20 March, 2015**.

The **second instalment** of **\$450** was due to be paid by **Friday 6 February, 2015**.

On **Wednesday 18 March**, an **Information Evening** will be held in the **School Hall at 6.30pm**, for students, parents and guardians to attend. Detailed information will be discussed and distributed, including travel insurance. Please complete the form attached and have your son/daughter return the Middle School Office by **Friday 20 March**.

The attached forms; Confidential Medical form and Camp photo forms must be returned with the final payment in an envelope marked with student name, form group and Year 10 Central Australia Camp to the General Office by **Friday 20 March**.

During the camp, students may be viewing films which may have an 'MA' rating and therefore your permission is requested to allow them to view the film. If you **do not wish** for your child to see an 'MA' rated film, please contact the Middle School Office as soon as possible.

We reserve the right to not allow students to attend the camp if they have not been cooperative and have not followed the school's rules during the course of the year. We are also advising that parents will be bearing the costs if any student is required to be sent home for any behaviour that is deemed unacceptable.

If you have any queries or difficulty in meeting the deadline for payment, please do not hesitate to contact Dawn Collins, Business Manager on 9735 8328.

Yours sincerely

Jonathan Reedyk
Head of Middle School and Head of Year 10

CHILDHOOD DEVELOPMENT - LILYDALE HIGH SCHOOL
Confidential Medical Report for School Camps and Excursions

(Please complete and return as soon as possible.)

This report is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

My son/daughter _____ Form _____

has my permission to attend the **Year 10 Central Australia Camp 2015**.

Date of birth _____ Year Level _____

Parent's/Guardian's Full Name _____

Address _____

Emergency Telephone: AH _____ BH _____

Name and address of family doctor _____

Medical/Hospital Insurance Fund _____

Contribution No. _____ Medicare No. _____

Ambulance Scheme YES / NO If yes, ambulance number: _____

Previous Experience Is this the first time your child has been away from home? YES / NO

Please tick if your child suffers any of the following:

- ☐ Asthma (if ticked complete Asthma Management Plan) ☐ Bed Wetting ☐ Blackouts ☐ Diabetes
☐ Dizzy spells ☐ Heart condition ☐ Migraine ☐ Fits of any type ☐ Sleepwalking ☐ Travel sickness
☐ Other: _____

Swimming Ability Please tick the distance your child can swim comfortably.

- ☐ Cannot swim (0m) ☐ Weak swimmer (<50m) ☐ Fair Swimmer (50-100m)
☐ Competent swimmer (100 – 200m) ☐ Strong (200m)

Allergies to:

☐ Penicillin ☐ Other drugs: _____

☐ Foods: _____

☐ Other allergies: _____

What special care is recommended? _____

Year of last tetanus immunization: _____

Tetanus immunization is normally given at 5 years of age (as Triple Antigen or CDT) and at 15 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.

Consent Form

1. I authorise the teacher in charge of the camp to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

2. I understand that if my child behaves in a way that breaches the School Code of Conduct and/or camp rules I may be required to organise, at my expense, my son/daughter's return from the camp.

Signed: _____ Date: _____

The Directorate of School Education requires this consent to be signed for all children attending school camps or excursions.

Parents/Guardians need to be aware that excursions/camps may be cancelled at short notice at any time if conditions for students or staff are deemed by the school to be dangerous. Lilydale High School always puts the safety of its community above all other conditions. Whilst every measure would be taken to ensure parents are notified as soon as the decision is made, there will be times when the nature of the event means that only minimal notice can be given. Information will also be placed on the school website www.lilydale.hs.vic.edu.au Unfortunately, parents need to be aware that money may not be able to be fully refunded where a payment has been made in advance to an organisation or service provider. We appreciate your co-operation and understanding in this regard.

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YEAR 10 CENTRAL AUSTRALIA CAMP 2015 INFORMATION EVENING

STUDENT NAME: _____

FORM: _____

We will be attending the Year 10 Central Australia Camp Information Evening on **Wednesday 18 March**.

PARENT NAME(S): _____

PARENT SIGNATURE: _____

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YEAR 10 CENTRAL AUSTRALIA TRIP 2015

Enclosed is the final instalment of **\$500.00**

I am aware that the school reserves the right to remove any student from the trip.

Student Name: _____ Form: _____

PLEASE INDICATE: Cash Cheque Visa MasterCard BPAY

*(If paying by **BPAY** please **NOTIFY** the School Office)*

Please complete the following information if you are using a credit card.

NAME ON CREDIT CARD: _____

CREDIT CARD NO: _____

EXPIRY DATE: _____

AMOUNT PAID: _____

SIGNATURE: _____

DATE: _____

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6 March, 2015

Dear Parent/Guardian

YEAR 10 CENTRAL AUSTRALIA CAMP PHOTOS

As part of the Year 10 Central Australia Camp 2015 we would like to offer students the opportunity to have an electronic collection of photos that were taken whilst on the camp. Before we are able to distribute these photos we need the approval of all the parents/guardians of students on the camp. The photos that the students will be receiving will be on display in the Year 10 area prior to the distribution of photos.

Furthermore, we would like the opportunity to be able to display some of these photos on the school's website and at various information evenings that the school has throughout the year.

In order to be able to do this we also need you to sign the Parent/Guardian Recording Authorisation Form attached to this letter.

If you have any concerns, please contact the school on 9735 5644.

Thank you for your cooperation.

Yours sincerely

A handwritten signature in black ink, which appears to read 'Jonathan Reedyk', is placed above the printed name.

Jonathan Reedyk
Head of Middle School and Head of Year 10



YEAR 10 CENTRAL AUSTRALIA CAMP PHOTOS

Student: _____

Form: _____

I give permission for my child's photos to be given out to other students who were on the camp.

Parent/Guardian signature: _____

Date: _____

PARENT/GUARDIAN RECORDING AUTHORISATION

WHERE STUDENT IS UNDER 18 YEARS OF AGE

I, _____ the parent / legal guardian of the student named below, agree to and provide permission for the photographic, video, audio or any other form of electronic recording of the named student for and on behalf of the Crown in Right of the State of Victoria (Department of Education, Employment and Training).

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be retained by the Crown in Right of the State of Victoria (Department of Education, Employment and Training).

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of the Department of Education, Employment and Training without acknowledgment and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform SOFWeb, Department of Education, Employment and Training, on telephone (03) 9637-2152 or the relevant school principal where publication is other than on a Departmental website.

Date: __ / __ / ____ Signature: _____
(parent/guardian)

Name of Parent/Guardian: _____

Contact Telephone Number: _____

Name of Student: _____

Name of School: Lilydale High School

Name of Principal: Wendy Powson (Acting Principal)

School Telephone Number: 9735 5644
