

LILYDALE HIGH SCHOOL

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6 March, 2015

Dear Parent/Guardian

YEAR 9 QUEENSLAND CAMP 2015

Sunday 3 May to Friday 8 May

To ensure all bookings can be finalised with the booking company we require the **final instalment** of **\$220** be paid to the General Office by **Friday 20 March, 2015**.

Should you be unable to make the payment on this date, please contact the School's Business Manager, Ms Dawn Collins on 9735 8328.

The attached **medical indemnity form** must be returned to the **Middle School Coordinators Office** by **Friday 20 March**. Students will receive the itinerary and information sheet prior to the camp with their allocated bus number and all of the relevant departure times and contact details whilst on camp.

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/guardians will bear the costs if any student is required to be sent home for any behaviour that is deemed unacceptable.

If there are any queries or concerns please do not hesitate to contact the Year 9 Coordinators.

Yours faithfully

Meaghan Harmes
Head of Year 9

Year 9 Queensland Camp 2015

I have read the information above and enclose the final instalment of **\$220**. I am aware that the school reserves the right to remove any student from the camp.

LILYDALE HIGH SCHOOL CREDIT CARD PAYMENT FORM

STUDENT NAME	FORM	ITEM PAID	AMOUNT
		Year 9 Camp Final Instalment	\$

PLEASE INDICATE:

VISA

☐

MASTERCARD

☐

Name on Credit Card _____

Credit Card No _____

Expiry Date _____

Parent Name _____

Parent Signature _____

DEPARTMENT OF EDUCATION AND EARLY 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 **2015 Year 9 Queensland Camp**.

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:

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

- ☐ 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.