

# LILYDALE HIGH SCHOOL

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February 2015

Dear Parent/Guardian,

This notice provides you with important information regarding the Year 7 Camps at Phillip Island. Please keep it handy as it will assist you to plan for your child's three days away from home.

**Cost** \$250

**Dates** **Camp 1 CYC "The Island"**

**7.39, 7.40, 7.41, 7.42, 7.46**

Monday 23<sup>rd</sup> March

Wednesday 25<sup>th</sup> March

depart school at 9.00 am

arrive back at school 2.30 – 3.00 pm

**Camp 2 CYC "The Island"**

**7.47, 7.48, 7.49, 7.50, 7.51, 7.52**

Wednesday 25<sup>th</sup> March

Friday 27<sup>th</sup> March

depart school 9.00 am

arrive back at school 2.30 – 3.00 pm

**Camp 3 CYC "The Island"**

**7.53, 7.54, 7.55, 7.56, 7.57, 7.37**

Monday 13<sup>th</sup> April

Wednesday 15<sup>th</sup> April

depart school 9.00am

arrive back at school 2.30 – 3.00 pm

**Accommodation** CYC "The Island"

41-53 Church Street, Cowes, Phillip Island

Rooms sleep 4 – 6 students

**Meals** All meals are provided **except** lunch on Monday 23<sup>rd</sup> March and Monday 13<sup>th</sup> April. Please pack a cut lunch with drink and fruit to eat at lunchtime.

**Money** The local shops will be out of bounds. There is a souvenir shop at the camp. Please assist by restricting pocket money to **\$15.00 maximum.**

**Contact People** At Camp Ben Taylor  
Head of Year 7  
Phone 0401 786 652 or (03) 5952 2201

**Payment Details** PLEASE NOTE: The **indemnity form** and **payment** of \$250 **MUST** be forwarded to the School Office by **Monday 2<sup>nd</sup> March**. Students **cannot attend without payment** and **completion of this form**. Please enclose payment in an envelope with your child's name and Year 7 Camp written on the outside.

**Would you please note that it is not advisable for students to travel to and from school with their luggage on the bus.**

**Clothing List will be distributed closer to Camp date.**

Yours sincerely

Ben Taylor  
Head of Year 7

Daniel Toma Katie Wilson Jeremy Neumann  
Year 7 Co-ordinators

## YEAR 7 CAMP CLOTHING LIST

The following is a list of items that students should bring, all packed into one large bag (plus sleeping bag). One small carry bag can also be brought, and kept with the student on the bus. The bus company have requested that soft bags be used as they are easier to handle and pack.

### A. Bedding

- Sleeping bag, or sheets (blankets provided)
- Pillowcase

### B. Clothing

- Clothing should be suitable for mild and warm weather.
- Socks, underwear
- Track pants, jeans
- Shorts
- T Shirts
- Windcheater, jumper
- Pyjamas
- Parka or equivalent for protection against cold
- A light raincoat
- Runners and thongs – Footwear **MUST** be worn at the beach – Sandals, thongs etc.
- Bathers

### C. Other Items

- Toilet items (soap, toothbrush, toothpaste, shampoo, etc)
- Brush/comb
- Towel and beach towel
- Sunscreen, aeroguard, sunglasses (optional), sun hat
- A pair of old shoes that can get wet
- Plastic drink bottle
- Pen, pencil, pencil case, (camp booklet and diary will be distributed on bus)
- Fishing gear, basic (optional)
- Camera, games, books, musical instruments can be brought but students are responsible for looking after them. (Teachers will not accept responsibility for these)

### D. Lunch

- A cut lunch is to be brought on the first day for Camp.

### E. Dietary Requirements

- Please make it clear (on an additional note with your payment) if your child has specific dietary requirements which are not health related.

### F. What NOT to bring

- Large amounts of snacks/lollies/drinks etc)
- Technology valuables, mobile phone, Ipod's etc)  
\*Please assist us by checking as normal school rules apply with regard to these items.

Students should only bring a small amount of money to the camp (\$15 maximum)

**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 \_\_\_\_\_ Camp 1 2 or 3  
(Please Circle)

has my permission to attend the Year 7 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:**

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](http://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

**YEAR 7 PHILLIP ISLAND CAMP 2015**

I have read the information about the Year 7 Camp to Phillip Island. My child wishes to attend the camp, please find enclosed the payment of **\$250.00**

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

Student Name: \_\_\_\_\_ Form: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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