



Castlemaine
SECONDARY COLLEGE

Mr Paul Frye
Principal

Castlemaine Secondary College
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Year 8 Warrnambool Camp, The Shipwreck Coast Tuesday 18 to Friday 21 September 2018

Dear Parents/Carers and Year 8 Students,

August 1

The Year 8 Warrnambool camp is always fun and will once again be held at **Surfside Holiday Park**. The camp will focus on living skills, exploring the Shipwreck coast and discovering the stories at the Flagstaff Hill Maritime Museum.


The cost to students depends on final numbers. It could be between \$320 and \$350 per person. We do our best to keep the cost down, while delivering an exciting camp, but the more students we have, the cheaper it will be.

The bus will depart **Blakeley Road Campus (bus turnaround)** at 9am on **Tuesday 18 September** and return **Friday 21 September** by 2:30pm **Blakely Road Campus (bus turnaround)** Students will need to bring swimming gear, including towels, and good walking shoes. There is a chance for some fishing on the first day for those who are interested.

The purpose of this letter is to confirm numbers and to make final arrangements for the Camp. To secure your place at the Year 8 Warrnambool Camp, please return the permission slip (at the bottom), medical consent form (attached) and a non-refundable deposit of \$50, to the office by (and no later than) Wednesday August 15th 2018 full payment to be paid by the 3rd September 2018.

Please note: to keep the price as low as possible, it is essential that this form is returned on time.

Thank you for your support.



Jody Takos
Camp Coordinator

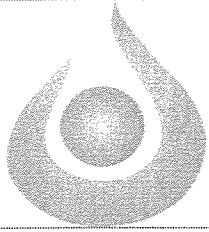


Paul Frye
Principal

2018 Year 8 Warrnambool Camp, The Shipwreck Coast - "Intention to attend"- slip

I give my son/ daughter _____ of mentor group 8 _____ permission to attend the Year 8 Warrnambool Camp at the Surfside Holiday Park from **18-21 September 2018**.
I understand that the balance of the camp fee will be need to be paid by 3 September 2018

Signed _____ Parent/Guardian



CASTLEMAINE SECONDARY COLLEGE

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Parent Consent – Camp year 8

To obtain effective consent, schools need to provide sufficient information to parents about the nature of and risks associated with the excursion. Parents must be able to give informed consent to their child's participation in the excursion after considering the risks. Specific information about the excursion should be included here or provided as an attachment. There must be full disclosure. Parents should also be given the opportunity to ask questions.

A risk assessment of all adventure activities must be completed and submitted to the school council as part of the approval process.

Title of Camp: Year 8 Warrnambool – The Shipwreck coast

Date of Camp; Tuesday 18 September – Friday 21st of September

Due date for: Intention to attend slip + the consent form + attached Medical form + \$50 deposit
15 August

Educational purpose of the program:
Discover the history of the shipwreck coast

Details of supervising staff:
TBA

Costs:
Approx \$320 - \$350 depending on student's numbers. This will be communicated after 15 August

What to Bring and what to wear
A list will be distributed two weeks prior to going

Departure details
9 AM Tuesday 18 September 2018 Bus turnaround Blakely Road

Return details
2.30 pm Friday 21 September 2018 Bus turnaround Blakely Road

Travel arrangements:
Castlemaine Bus & School Car

Jody Takos
Camp co-ordinator

Paul Frye
Principal

Student behaviour

'I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to himself/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.'

ICT/Photograph consent

'I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.' [Strike out if you do not consent]

'I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school's publications, school's website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.' [Strike out if you do not consent]

Consent for emergency transportation

'In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.'

Student accident insurance

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Title of the camp : Year 8 – The Shipwreck coast

Cost: approx. \$320-\$350

This consent note must be returned by :	15 August 2018
Intention to attend slip by:	15 August 2018
Initial (\$50 non-refundable deposit) by:	15 August 2018
Final payment by:	3 September

Parent consent

I have read all of the above information provided by the school in relation to the **Year 8 camp** to The Shipwreck coast, including any attached material.
I give permission for my daughter/son _____ (full name) to attend.

Parent/guardian: _____ (full name)

_____ (signature) _____ (date)

In case of emergency I can be contacted on:

_____ OR:

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. The medical information on this 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 and Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Mentor : **8** **Mentor Teacher:** _____ **DUE DATE: WEDNESDAY 15 August**

Excursion/program name: Year 8 Warrnambool 2018

Date(s):

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

Business hours

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:

Phone number:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? Yes No If yes, ambulance number:

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

Please tick if your child is living with any of the following health conditions and attach an explanation how teachers can best assist your child in these circumstances:

- Asthma (if ticked ASTMA MANAGEMENT PLAN MUST BE ATTACHED TO THIS FORM)**
- Anaphylaxis (if ticked ANAPHYLAXIS MANAGEMNET PLAN MUST BE ATTACHED TO THIS FORM)**
- Bed wetting Blackouts Diabetes Dizzy spells Migraine
- Heart condition Sleepwalking Travel sickness Fits of any type

Other: _____
Please attach information

Camp guideline for due dates of forms and payments

