

February 2018

Dear Parents/Caregivers,

Year 8 Camp Term 1 Week 4 February 19 - 23, 2018

Wirreanda Secondary School has in place a range of strategies to assist students to successfully transition and settle into secondary school. As part of our transition program all year 8 students will be expected to attend a camp at Woodhouse Activity Centre in Piccadilly, in week 4 of term 1.

The goals of the camp are:

- To further the personal development of the students, focusing on self-esteem and confidence
- To build interpersonal bonds between students and staff early in the year
- To introduce the students to various outcomes and leadership activities embedded into the Australian Curriculum.

All year 8 students will participate in one of two camps planned in week 4, grouped in their PBL classes.

Camp 1: PBL Groups A & B

Monday 19 February – Wednesday 21 February 2018

Camp 2: PBL Groups C, D & Special Class

Wednesday 21 February – Friday 23 February 2018

Wirreanda Secondary School staff members will accompany the students on each camp. The camp program will include:

- Leadership Games / Challenges, Orienteering, Frisbee Golf.
- Specific sessions around team building / wellbeing and learning goals
- Challenge Hill - Obstacle course/ Zip Line (additional consent form attached)
- Community Service / Revegetation around Woodhouse

This camp is an exciting and important part of the transition process for year 8 students. The cost of the camp will be \$100 per student. This cost has been subsidised by the school. Early in January 2018 you would have received an invoice for the camp cost via the post. If you have not received this invoice please contact the Finance Office on 8329 7258.

Please find attached consent forms for the camp to be completed and returned to the Home Group;

- DECD Consent form for Excursion/Camp
- DECD Swimming/Aquatic Consent form (no swimming will occur on camp, used for medical information gathering only)
- Venture Corporate Recharge (Zip Line) Medical History Form
- Venture Corporate Recharge (Zip Line) Acknowledgement of Risk

Consent forms and payment in full will then be due by Friday week 2, February 9, 2018.


Week 4 is set to cater for all year 8 students at camp - normal lessons for year 8 students will not be held on the days the students are expected to be on camp. Please be aware of this if you have indicated to the year 8 Home Group teacher that your son/daughter will not be attending camp.

Students need to meet at the southern car park (Richards Drive) at 8.30am on the day of departure. Students should be dressed in sun safe, comfortable, casual clothing. Expected return time from camp is 2.30pm, students can be picked up from this time.

Attached is also information about what your son/daughter should bring on camp.

Please contact us on 08 8329 7200 if you have any questions.

Yours sincerely



Katrina Axford
Senior Leader Year 8/9



Caroline Fishpool
Principal

STUDENTS WILL NEED TO BRING:

Camp 1: PBL Groups A & B

Monday 19 February – Wednesday 21 February 2018

Camp 2: PBL Groups C, D & Special Class

Wednesday 21 February – Friday 23 February 2018

Food	
250g packet biscuits (to be handed to teacher, on the morning of the camp)	Packed lunch on the first day and drink bottle
Clothing	
2 changes of dry clothes	Broad brimmed hat (preferable)/peak hat
Warm clothing for evenings	2 t-shirts to get wet
Enough underwear for 3 days	1 x extra pair of shoes to get wet (old shoes preferably)
Other	
Sleeping bag and pillow	mug/plate/bowl/knife/fork/spoon
Toiletries (no spray deodorant or perfume)	Tea towel
Towel	Torch
Sunscreen/mosquito repellent	Medication if necessary (labelled clearly and handed to teacher on the morning of the camp)

Please note: labelling clothing and other personal items will help reunite them with their owners if misplaced.



CONSENT FORM FOR EXCURSION/CAMP
(To be sent to parents in conjunction with school medical information request form)

*Please use block letters when filling out this form

As a parent/guardian of:

STUDENT'S NAME	
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I:

YOUR NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Wirreanda Secondary Yr 8 Camp.
ACTIVITY DESCRIPTION	<ul style="list-style-type: none"> • Leadership Games / Challenges, Orienteering, Frisbee Golf. • Specific sessions around team building / wellbeing and learning goals • Challenge Hill - Obstacle course/ Zip Line (additional consent form attached) • Community Service / Revegetation around Woodhouse

at/on:

LOCATION	
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FROM:

2	1	0	2	1	8
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 TO:

2	3	0	2	1	8
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 OR ON:

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Has a Health Care Plan already been provided to the school? Yes No

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the information sheet attached.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts

Parent/Guardian

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE	WORK TELEPHONE	ALTERNATIVE TELEPHONE	

Student Medic Alert Number (If applicable): _____

*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any student health care problems.

Swimming/Aquatic Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in swimming and aquatics activities. This form will be shown to School Staff and Swimming Instructors and Emergency Services Personnel responsible for this student's safety at swimming and aquatics activities.
STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM

Section 1: Person Details

Student Name.....Date of Birth.....

Name of School Medic Alert No. (if relevant).....

Emergency Contact Person Contact No

Section 2: Health Support Information

Please complete the following information so the instructors and school staff can plan for your child's safety in the water.

Does your child have a health care need that could affect their safety in the water?
If NO – please go to section 3 – consent to participate in Swimming or Aquatics Activities.

If YES – please complete this section

If you tick any of the boxes below the Swimming and Aquatic Instructors need a written health care plan from your child's doctor/treating health professional. This may be a copy of the information you have provided already to the school.
IMPORTANT: failure to provide required medication will result in standard First Aid Management in an emergency.

Asthma	Seizures, Epilepsy
Severe allergy (e.g. bee sting)	Diabetes
Joint disorder	Heart Disorder
Vision impairment	Hearing impairment
Ear disorder	Skin condition
Incontinence	Swallowing/choking
Medication usually taken at school	Communication difficulties
Other (please provide details)	

Have you attached health care details from your child's doctor/treating health professional? Yes/No
If NO, staff and instructors will provide standard supervision for safety and first aid (see over)
If YES, write down what you have attached and please ensure all relevant medication is provided.

.....

Section 3: - Consent to take part in swimming or aquatics activities

I give my consent for my child named above to participate in swimming or aquatic activities
I understand that school staff will be present and provide supervision for safety.
I understand that the swimming or aquatic instructor will be in charge of the water activities.

Parent/guardian.....Signature.....Date.....

Standard Health Care Support for the most common health conditions:

Asthma	<p>Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form.</p> <p>Standard First Aid: Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still not relief, call an ambulance. no return to the water after two lots of reliever medication within any given session.</p>
Seizures	<p>No swimming without health care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch, provided by school. Seizures are generally managed in the pool. Continuation in the swimming program that day will be assessed by supervising teacher in consultation with student's health care plan.</p>
Diabetes	<p>No swimming without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</p>
Severe Allergy	<p>As per allergy specialist care plan</p>
Drainage Tubes in Ears	<p>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</p>
Incontinence	<p>As per care plan. Any accidents that result in contaminated water must be managed as per health regulations.</p> <p>Cryptosporidium Infection Cryptosporidiosis is caused by the parasite Cryptosporidium. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools for 14 days after symptoms have stopped.</p>
Choking	<p>As per care plan</p>
Infection Control	<ul style="list-style-type: none">- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage- Students with significant unhealed wound(s) will be advised not to go swimming until the wound has closed.- Students with ringworm should not commence swimming until at least 24hours after commencement of appropriate treatment (usually a topical anti-fungal cream)- Students with tinea should not go into pools or change rooms until at least 24 hour after commencing appropriate treatment- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.



MEDICAL HISTORY FORM

All information provided remains confidential and is required in case of emergency. The information you provide is relevant to those within the medical profession to take immediate action (if necessary) in the most effective and appropriate manner deemed necessary. This will also assist Venture Corporate Recharge (VCR) in contacting the families concerned. All personal information will be filed in accordance with the Privacy Act, 1988.

Organisation you are from Wirreanda Secondary School Date of program Feb 19th to 23rd Feb

First Name: Middle: Surname:

Birth date: / / Gender: M / F Contact (if diff. from below): (Hm) (Mob)

Address: Postcode:

E-mail:

Person to contact in an emergency: Relation:

Contact Numbers: (Hm) (Wk) (Mob)

Medicare Number: Exp date Number next to your name on the card

Do you have private health cover? Policy number What agency? Exp

Do you have Ambulance Cover? Y / N

Your family doctors name: Contact number:

Do you have, or have you had any of the following... (Please tick with Y or N)

- Fainting spells or dizziness, Heart Disease or heart attack or angina, Stomach trouble or ulcers, Appendicitis, Concussion or head injury, Breathing disorder, Asthma, Diabetes, Epilepsy (Please clarify), Loss of consciousness, Chronic or frequent cough, Haemophilia, Skin disease, Arthritis or rheumatism, Dislocation/s, Bee / wasp sting reaction, A.D.D., Ear disorder

When was the last episode / occurrence? Other:

If so, when did this occur, what treatment were/are you given and what medication do you require?

Is there any know mental health concerns related to starting of fires, harassing others or harming self or others? (please indicate concern and strategies to manage with a detailed plan).

If you are hypersensitive, allergic, or have had adverse reactions to medication, food, Tetanus antitoxin or serum, please indicate the agent, the type of reaction and the treatment or medication given.

Have you been exposed to any communicable disease with in the last six months? If so what medication is a required, or any special precaution to be taken? YES / NO

Have you ever been advised to have surgery that has not been carried out? If yes, please give details. YES / NO

Do you have a restricted diet? If yes, please give details. YES / NO

Are you currently taking any medication? If so what medication is required and please list procedure for administration? YES / NO

This information is important and must be completed fully to help VCR employees to treat you in the event of an emergency.

I deem this information to be correct. Date / / Parents/guardians signature is required if the person is under 18 years of age.



**Acknowledgment of Risk
- CONDITIONS for YOUTH -**

Warning – This is an important document which may affect your legal rights and obligations, please read it carefully. If you have any questions please call our office on 8165 2033.

I, (Parent's name) _____ acknowledge that **Venture Corporate Recharge (Aust) Pty Ltd** will provide my son/daughter (Child's Name) _____ with access to a variety of activities which will be supervised by employees of **Venture Corporate Recharge (Aust) Pty Ltd** ("the activities").

I acknowledge that these activities may have inherent risk involved and I acknowledge responsibility for my child participating in these activities.

I acknowledge that during all such times whilst my child is participating in the activities I will not hold **Venture Corporate Recharge (Aust) Pty Ltd** liable for any personal injury or loss of property whatsoever and I agree to indemnify and keep indemnified **Venture Corporate Recharge (Aust) Pty Ltd** against all such injury or loss except to the extent that such personal injury or loss of property is occasioned by neglect, default or omission by **Venture Corporate Recharge (Aust) Pty Ltd** or their consultants, employees, contractors or agents (as the case maybe).

I agree that I will pay any reasonable cost of repair or replacement to equipment or facilities that may be damaged by actions of my child beyond that of normal wear and tear.

I agree to instruct my son / daughter to follow the rules of activity participation and to follow instructions given for **Venture Corporate Recharge (Aust) Pty Ltd** and contractors facilities. I also agree to provide necessary warning information if my son/daughter has demonstrated signs of mental health conditions that will cause harm to property themselves or others.

I hereby authorise **Venture Corporate Recharge (Aust) Pty Ltd** staff and consultants to obtain any necessary medical assistance for my child _____ should any medical problem or accident occur and I expressly agree to be responsible for all such medical expenses incurred.

In the event that a teacher/staff person cannot, I _____ give permission for **Venture Corporate Recharge (Aust) Pty Ltd** staff or consultants to administer to my child _____ medication as instructed. I acknowledge that I will provide all such medication to **Venture Corporate Recharge (Aust) Pty Ltd** in clearly labelled doses or original containers.

I _____ do/don't give permission for my child _____ to be a part of group photos or video footage taken of their participation within the activities by **Venture Corporate Recharge (Aust) Pty Ltd** for use in brochures, school newsletters, or other promotional material.

I _____ give permission, in the case of an emergency, for my child _____ to be transported to hospital by Ambulance and I expressly agree to be responsible for all costs associated with such transportation to and hospital admission.

I _____ give permission for **Venture Corporate Recharge (Aust) Pty Ltd** staff or consultants to provide my child with VENTOLIN if required in an emergency by a trained Asthma first aid person.

Signed: (Parent) Name:

(Child) Name:

(Witness) Name:

Date: __/__/__

Please send me information about the VCR adventure club: yes / no

Email address: _____ -

(People will be sent information as a default response if a response is not indicated)

All personal information will be filed in accordance with the Privacy Act, 1988.

PLEASE COMPLETE ALSO	
Organisation/School: _____	Yr level: _____
Date of Program: _____	
/ /	to / /