

4th February 2016

Year 8 Camp Term 1 Week 4 February 22nd-26th 2016

To Parents/Families and Caregivers of Year 8 Students,

Wirreanda Secondary School has in place a range of strategies to assist students to successfully transition and settle into high 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 Home Groups will participate in one of two camps planned in Week 4

Camp 1: 8A, 8B, 8C

Monday 22nd February– Wednesday 24th February 2016

Camp 2: 8D, 8E, 8F

Wednesday 24th February– Friday 26th February 2016

Wirreanda 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

This camp is an exciting and important part of the transition process for Year 8 students. The cost of the camp will be **\$90.00** per student. This cost has been subsidised by the school. Please feel free to contact us if you would like to discuss your payment or some financial support in regards to ensuring your son/ daughter is able to attend the camp.

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 Home Groups 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 south car park at 8.30am on the day of departure. *There is no need to arrive earlier than this.* When they return from camp they will be due back at 2.45pm. Students can be collected at the front car park from then until 3:15pm.

Payment and all consent forms must be returned by Friday February 12th, Week 2, Term 1 to the Finance Office.

Attached is information about what your son/ daughter should bring on camp.
Please contact us on 08 8329 7200 if you have any questions.

Kind Regards,

Gabrielle Rinaldi
Yr 8 Year Level Leader

Caroline Redding
Senior Leader Yr 8

Caroline Fishpool
Principal



LEARNING FOR LIFE

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YEAR 8 CAMP

Woodhouse Activity Centre

4th February 16

I parent/caregiver of Home group
(parent/caregiver) (student)

acknowledge receipt of the letter dated 4th February 2016 regarding the Year 8 Camp(s), which will take place 22nd – 26th February.

Camp 1: 8A, 8B, 8C Monday 22nd February– Wednesday 24th February 2016
Camp 2: 8D, 8E, 8F Wednesday 24th February– Friday 26th February 2016

- I give permission for my child to attend the camp and engage in the Woodhouse flying fox activities provided by Venture Corporate Recharge.
- I have read and give permission for the school to sign on my behalf the Liability Statement (waiver).
- Enclosed is an updated medical consent form.

Please return the payment of \$90.00 and all signed consent forms by Friday February 12th, Week 2, Term 1 to the Finance Office.

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Signature of parent/caregiver

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STUDENTS WILL NEED TO BRING:

Camp 1: 8A-8C

Monday 16th February– Wednesday 18th February 2015

Camp 2: 8D-8F

Wednesday 18th February– Friday 20th February 2015

250g packet biscuits (to be handed to teacher, on the morning of the camp)	2 T-shirts to get wet
Packed lunch on the first day and disposable drink (not soft drink)	Shoes to get wet (old shoes preferably)
2 changes of dry clothes	Medication if necessary (labelled clearly with and handed to teacher on the morning of the camp).
Toiletries	
Pillow	
Broad brimmed hat (preferable)/ peak hat	
Sunscreen/mosquito repellent	
Sleeping bag	
Warm clothing for evenings	
Towel	
Torch	
Mug/plate/bowl/knife/fork/spoon and Tea towel	



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CONSENT FOR YEAR 8 CAMP PROGRAMS ***CONFIDENTIAL***

To be completed by the PARENT/CAREGIVER for students participating in the YEAR 8 CAMP Program 2016. This information will be shown to SCHOOL STAFF and INSTRUCTORS/COACHES and EMERGENCY SERVICES PERSONNEL responsible for this student's safety at activities.

As a parent/caregiver _____ of _____ DOBirth _____
(Parent/caregivers name) (Student's names)

I give my consent for him/her to participate in any of the YEAR 8 CAMP Programs at Wirreanda High School and be involved in such activities as, trail bush walks, biking, orienteering, leadership activities, flying fox and night activities. I agree for my child to travel by bus during school time to and from the camp venue.

Agreement:

- I agree to delegate my authority to supervising teachers/instructors/supervising adults. 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. I understand that such a program will follow the School Student Behaviour Management Policy.
- 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.
- Teaching staff and instructors need a written health care plan from your child's doctor or health professional to plan for any special health needs. Have you attached health care information? I also consent to my child's doctor or health professional being contacted in an emergency
- The information given is accurate to the best of my knowledge and under any circumstances that information changes I will contact Wirreanda Secondary school in writing with the details. I understand that school staff will be present and provide supervision for safety at all times.

Parent/Caregiver name

Signed Parent/caregiver

Date: _____

*PLEASE TURN OVER AND FILL IN MEDICAL INFORMATION

CONFIDENTIAL YEAR 8 CAMP MEDICAL FORM

MEDICAL INFORMATION - Information contained in this section is necessary to ensure that the student's medical conditions are properly managed, however, no student with special needs will be excluded unless on medical advice.		
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?	CIRCLE ANSWER	FURTHER INFORMATION OR SPECIAL INSTRUCTIONS IF MEDICATION REQUIRED, SEND WITH STUDENT
Joint Disorder (eg arthritis)	YES/NO	
Incontinence	YES/NO	
Heart Disorder	YES/NO	
Convulsion/Seizures	YES/NO	
Swallowing/choking difficulties	YES/NO	
Asthma or other chest problems	YES/NO	Health care Plan –
Severe Allergies (eg Bee Sting)	YES/NO	
Diabetes	YES/NO	
Vision/Hearing problems	YES/NO	
Ear Disorder (eg Drainage tubes)	YES/NO	
Skin Condition (eg Dermatitis)	YES/NO	
Other (please give details)	YES/NO	
Medication usually taken at school	YES/NO	

EMERGENCY CONTACTS: Name:

Phone: Home:

Work:

Mobile 1:

Mobile 2:

Family Doctor Name:

Ph:

Medicare Number: Or Health Fund Number:

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