Belair Public School

21 February 2012

Year 4 Outdoor Education Experience 2012

This year, Year 4 will be attending a camp at Outdoor Education Experience in Term 2, Week 3 for three days from Monday 7th May to Wednesday 9th May 2012. Transport will be by bus. This excursion has been approved by the Principal.

The total cost of the camp is $210 (non refundable)

- Deposit enclosed $100 and returned by Friday 23rd March with the balance due by Monday 30th April
- Full Cost enclosed $210 payable by Monday 30th April

We would like all children to attend this excursion. If you would like alternate payment options, please contact Mr Beard.

Would you please complete the following permission note and return it with the money to your child’s teacher. A comprehensive permission note / medical information note is also attached for parents to complete and return to the class teacher.

Mr Shearman, Mr Nissen, Mrs Hughes-Dann
Class Teachers

Mr Beard
Principal

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Belair Public School

Permission Note ~ Year 4 Outdoor Education Experience 2012

I give permission for my son / daughter ____________________________________ of class ______
to take part in the Outdoor Education Experience excursion on Monday 7/5/12 to Wednesday 9/5/12

Deposit of $______________ enclosed

or

Full Payment of $____________ enclosed

Signed: ____________________________________ Date: ____________________

(Parent / Caregiver)
OUTDOOR EDUCATION EXPERIENCE MEDICAL, ACTIVITY RESTRICTION AND CONSENT FORM

Please complete the Medical, Activity Restriction and Consent Form and return with the nominated deposit to the school office or the teacher/s responsible for organising the camp at your son/daughter’s school.

Total Cost per student $ ........... - ..... (inc. GST)
Initial Deposit $ ........... - ..... Due Date: ..... / ..... / ........
Remaining Payment of $ ........... - ..... Due Date: ..... / ..... / ........
Please make any cheques payable to: ........................................................................................................

Participant Details
Surname: ................................................................................................................................. Gender: □M / □F
Given Name/s: .......................................................................................................................... Date of Birth: ..... / ..... / ........
Address: ........................................................................................................................................
...................................................................................................................................................

Emergency Contact Details
☐Parent / ☐Guardian / ☐Contact Person: .......................................................... (Name in Full)
Telephone: ........................................................... (Home) ................................................ (Business) ........................................ (Mobile)

Medical Information
Medicare N°: ....................................................... Ambulance Cover: □Yes / □No
Position on Medicare Card (eg, 1,2): .................. Medicare Expiry: .........................................................
Private Health Insurance Fund: □Yes / □No
Fund Name: ............................................................ Fund Policy N°: ........................................................

Please answer the following medical questions regarding your son/daughter:

1. Is your son/daughter in good health? □Yes / □No
2. Does your son/daughter suffer any chronic illness, or disability? □Yes / □No
   If yes, please specify: ..............................................................................................................

3. Does your son/daughter need to take any form of medication on camp? □Yes / □No
   If yes, please specify: (dose, frequency etc.) ...........................................................................

   Does the medication need refrigeration? □Yes / □No
4. Has your son/daughter suffered from any acute illness during the past four months? □Yes / □No
   If yes, please specify: ..............................................................................................................

5. Has your son/daughter had any major surgery (knee, back, heart, etc.)? □Yes / □No
   If yes, please specify: ..............................................................................................................

P TO ->
6. Has your son/daughter been treated by a doctor during the last four weeks? □ Yes / □ No
   If yes, please attach a doctors report with instruction about medical treatment and a certificate stating that the participant is fit to attend.

7. Does your son/daughter have any allergies? (insects, food, medication, etc.) □ Yes / □ No
   If yes, please specify: ........................................................................................................................

8. Does your son/daughter have any special dietary requirements? □ Yes / □ No
   If yes, please specify: ........................................................................................................................

9. Does your son/daughter: wet the bed? □ Yes / □ No
   sleep walk? □ Yes / □ No

10. Has your son/daughter had the Diphtheria Tetanus Toxoid booster injection? □ Yes / □ No
    If yes, what date was the last booster given? .... / .... / ....

11. Do you give permission for Panadol to be administered to your son/daughter if required? □ Yes / □ No

**Activity Restrictions**

All activities are instructed by qualified instructors and at all times are supervised and accompanied by your son/daughter’s school teachers.

Please read the sample program of activities for your son/daughter’s school in conjunction with the Outdoor Education Experience Activity List. If you do not want your son/daughter to participate in any particular activity or activities, please write them in the space provided and notify your son/daughter of the activity or activities for which they are to be excluded:

............................................................................................................................................................................

Is your son/daughter permitted to participate in swimming/water activities? □ Yes / □ No

If no, please inform your son/daughter that they are not to participate in any swimming/water activities.

How do you rate your son/daughter swimming ability?
□ Non Swimmer □ Average □ Competent (swim more than 50m)

**Parent or Guardian Consent**

In the event of any accident or illness and I am unable to be contacted, I authorise the obtaining of such medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and/or cost of such assistance that may be incurred while my son/daughter is with Outdoor Education Experience.

Wilful damage of property while with Outdoor Education Experience will be paid for either by the student involved or by their parent/s or guardian.

I have read my son/daughter’s sample program and have made them aware of the camp guidelines.

............................................................................................................................................................................

(Son/Daughter’s Full Name) to attend the program run by Outdoor Education.

Signature of Parent/Guardian .............................................................. Date: .... / .... / ......

(Parent or Guardian)
Dear Parent or Guardian

Thank you for considering sending your son/daughter to participate in an outdoor education program with Outdoor Education Experience. The purpose of this letter is to inform you about our organisation and its’ services, so that you can make an informed decision regarding your son/daughter’s attendance.

All of the staff at Outdoor Education Experience are young and energetic and ready to give your son/daughter a positive and memorable experience. Outdoor Education Experience staff set high standards of safety and moral conduct and will be accompanied by teachers from your son/daughter’s school during all activities. We have a strict policy of ‘challenge by choice’, i.e. everyone is encouraged to give it their best, but no-one is forced to do anything. The program of activities chosen by your school is challenging, educational and lots of fun.

We ask that you make your son/daughter aware of the camp guidelines (refer to student letter) before they arrive at camp. Your son/daughter will be informed of the camp rules on arrival and will be expected to carry out those safety rules during the program. If however, your son/daughter breaks our safety rules and puts themselves or others at risk of injury, (e.g. fighting, excessive bad behaviour and vandalism) we will contact you and ask for you to arrange to take them home as soon as possible (no refund is given). If your son/daughter becomes ill during the program, then the same procedure applies.

If you need any further information please contact our office on 1800 334 994. If you have decided to allow your son/daughter to participate in the program, you will need to fill in:

- Medical, Activity Restriction and Consent Form

This form should accompany the information sheet and should be read in conjunction with your son/daughter’s sample program of activities and the Outdoor Education Experience Activity List. Your payment will also need to be returned with these forms according to the arrangements made by your son/daughter’s school.

Yours Sincerely

Outdoor Education Experience Management
Dear Student,

This letter has been designed to inform you of Outdoor Education Experience programs. A gear checklist is on the back of this page, so you can mark off the items as you pack them. You will also find a few hints and safety guidelines to ensure you have a safe and enjoyable time with Outdoor Education Experience.

All the staff at Outdoor Education Experience are young and energetic, eager to give you a positive and memorable camp experience. All the activities are designed so that you can try them at any level of challenge you wish. It is up to you to decide which activities you feel comfortable with and wish to participate in.

Safety is of extreme importance while on camp with Outdoor Education Experience, so the following camp guidelines need to be respected and adhered to. Please remember that if you put yourself or anybody else at risk of injury you will be sent home immediately. If you willfully damage property, you or your parent/guardian will be expected to pay for its repair or replacement.

Please read the following camp guidelines and handy hints:

1. Please do not leave the campsite or activity areas without permission.
2. Respect male and female areas, enter no room other than your own.
3. All activities must be supervised by a teacher and/or an instructor.
4. Please respect others and stay in your dormitory after lights out.
5. Each group is responsible for the ongoing cleanliness of the camp. Please use the bins provided and keep your rooms tidy.
6. There is sporting equipment supplied for your free time.
7. It is suggested that you put your name on every item that you bring to camp.
8. Please bring your old clothes to camp and remove all jewellery.
9. Please DON’T bring any valuables such as mobile phones, ipods, jewellery etc.
10. The food at Outdoor Education Experience is great and there is plenty of it, please don’t bring an excess of junk food.
11. If you are an asthmatic, diabetic or suffer from any other medical conditions then please pack the appropriate medication (ask your parents about this and pass this information onto your teacher)
12. You are coming on camp to have an enjoyable and memorable time. Make sure you try every activity available to you on the program. You may never get the chance to participate in some of these activities again.

If you have any further questions or concerns in relation to these camp guidelines or any other details, please consult the teacher organising your camp.

Yours Sincerely

Outdoor Education Experience Management
STUDENT GEAR CHECKLIST (3-DAY CENTRE PROGRAM)

☐ 3 T-shirts (no mid-riff or sleeveless shirts allowed)
☐ 3 pairs of shorts
☐ 2 long sleeve shirts or jumpers
☐ 2 pair of long pants for cold weather
☐ Spare socks and underwear
☐ Hat or cap and beanie
☐ 1 raincoat
☐ Pyjamas
☐ 1 pillow and pillow case
☐ 1 sleeping bag or sheet/s with blanket

☐ Torch (make sure it is working before you bring it on camp)
☐ 1 water bottle (1 litre capacity minimum)
☐ Insect repellent and Sunscreen
☐ 2 pairs of sensible joggers or boots (1 old pair that you can get wet - no thongs!)
☐ 2 plastic bags to put your dirty or wet clothes in
☐ Toiletries
☐ 2 towels (1 for outdoors, 1 for showers)
☐ Swimmers
☐ Hair tie for abseiling (if you have long hair)
☐ Mess Kit - 1 plate, 1 bowl, 1 fork, 1 knife, 1 spoon, 1 cup and tea towel (mess kit)

☐ Optional Items – Camera, Souvenir / Shop Money

*Note: In addition to the above items it is also recommended that you bring a small day pack so that personal items such as medications, water bottles, hats, raincoats, insect repellents and sunscreens can be easily carried during the day.

If your program includes a visit to the Watagan Mountains a separate gear checklist outlining the specific items to be packed for the visit should be included with your camp information.*
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