Cranbourne East Primary School

Year 5 Phillip Island Camp 2016
3 Day Camp
Group 1: Monday 14th November – Wednesday 16th November
Group 2: Wednesday 16th November – Friday 18th November

(Please retain this page for your information)

Educational purpose of the program:
To allow students to learn independence and responsibility away from home. The camp aims to give students experiences in a wide variety of challenging activities. Students are given the opportunity for personal and social development in a camp situation. Students will develop confidence in themselves and in their ability to adjust and cope with a 'new environment'. All activities are run by qualified camp staff and teachers from Cranbourne East PS.

Details of supervising staff
Perri Gardiner, Nicole Costa, Zoe Overdyk, Rebecca Collier, Sadaf Mirza, Heather Gray, Stacey Olver, Danielle Arthur

TOTAL COST: $ 250.00
- A NON-REFUNDABLE DEPOSIT OF $100.00 is due by Tuesday 13th September, 2016
- FULL payment is due by Thursday 27th October, 2016
- No late payments will be accepted.

*NOTE: If you are a CSEF recipient and wish for your funds to be allocated, please contact the office. If you are experiencing financial difficulty and are unable to make payment by the due date, please contact the office.

Name and contact details of the 24-hour school emergency contact:
Cranbourne East Primary School (03) 5990 0400, Camp Mobile 0475 819 103

Departure details
Monday 14th November & Wednesday 16th November, 2016 from Cranbourne East PS.
Times: 9.30am

Return details
Students will return to CEPS. Dismissal will be at normal pick up time 3.15pm

Venue:
Phillip Island Coastal Discovery Camp, 73-77 Marlin St, Phillip Island, Vic

Distance from expert medical care:
Cowes Medical Centre, Cowes (7.1km/11 min)

Accommodation arrangements:
Male and female bunk rooms.

Travel arrangements:
Bus (with seat belts)
Private car/emergency car will be at the camp. This vehicle has fully comprehensive insurance.

Adventure activities to be undertaken or that may be offered to students throughout the program:
Archery, Marine Discovery, Surfing, Bush Cooking, Photo Trail.

Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program. Children will be briefed at the beginning of the activity and will be made aware of their responsibilities when engaged in activities. They will know the safety procedures that should be taken. These procedures fall into two main categories: factors relating to one’s own safety, factors relating to the safety of others. Correct staff ratio will be maintained. All staff are aware of and will follow the Safety Guidelines for Education outdoors. Camp emergency plans and bushfire management plans will be promulgated to all staff and students.

A risk management plan for this program has been developed by staff and is available for parents to review on request.

Attachments
X Medical form
X Dietary Requirements Form
X Asthma Management Form
Cranbourne East Primary School
Confidential Medical Information & Parent Consent

** Please complete this form and return to the school.**
The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical 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 is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

**Year 5 Phillip Island Camp**
Monday 14th November – Wednesday 16th November & Wednesday 16th November – Friday 18th November

Student's full name:

Student's address:

Postcode:

Date of birth: Grade:

Parent/guardian’s full name:

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:

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 suffers any of the following:**

- □ Asthma (if ticked complete Asthma Management Plan)
- □ Bed wetting
- □ Blackouts
- □ Diabetes
- □ Dizzy spells
- □ Heart condition
- □ Migraine
- □ Steepwalking
- □ Travel sickness
- □ Fits of any type

□ Other:

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**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**
Please tick if your child is allergic to any of the following:

- □ Penicillin
- □ Other Drugs:

- □ Foods:

- □ Other allergies:

What special care is recommended for these allergies?

Year of last tetanus immunisation:

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

**MEDICATION** Is your child taking any medicine(s)? □ Yes □ No

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Department of Education and Early Childhood Development
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.

**MEDICAL CONSENT**
Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:
- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

**SIGNATURE OF PARENT / GUARDIAN**

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__________________________________________________________
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Date: 

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

**Note:** You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.

A risk management plan for this program has been developed by staff and is available for parents to review on request.

**Student behaviour**
'I understand that in the event of my son/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]

'1 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**
'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.

**PARENT CONSENT**
I have read all of the above information provided by the school in relation to the Year 5 Phillip Island Camp, including any attached material.

I give permission for my daughter/son __________________________________________________________________________ (full name) to attend.

Grade: ____________________________________________________________________

Parent/guardian: ______________________________________________________________________

Signature: __________________________________________________________________________ Date: ____________________________________________________________________

**In case of emergency I can be contacted on:**

1: __________________________________________________________________________

2: __________________________________________________________________________

**Note:** Parents should also complete the 'Confidential Medical information for school council approved school excursions'. Parents are asked to respect the privacy of students by not taking photos or filming students during activities.