



Camp Consent Forms & Student Details

Monday 27th August 2018

Dear Parents and Caregivers,

We are all very excited for our upcoming camp. Team Tui teachers visited Carey Park last week and we were very impressed with the facilities and know we are going to have an amazing time.

We are now finalising details. Enclosed in this pack is the camp gear list along with several forms listed below requiring completion and return.

School pupil details form
Health Profile and Medical Consent
Parental Consent for EOTC activity
Camp rules
EOTC student agreement

Please can you complete the forms and return to school by next Monday 3rd September 2018.

Thank you and please contact us if you have any questions.

Kind regards
Jane Brown, Amanda Hurley, Heidi Fegan

2018 CAMP GEAR LIST

Clothing

Long pants (x2)
Shorts (x2)
T-shirts (x3)
Sweatshirt, Polar fleece
or similar warm jersey (x2)
Raincoat (x1)
Undies (x3)
Sneakers or sensible shoes for walking
Old shoes or Gumboots
Jandals or sandals (x1)
Socks (x2)
Pyjamas

Linen

Sleeping bag
Single sheet (x1)
Pillow and pillow case.
(Blanket optional)
Towel (x2)

Other items:

Toothbrush, toothpaste and other bathroom necessities
Sun hat
Torch (Optional)
Water bottle and lunch box
Sunblock cream and insect repellent
Plastic bag (x 2) - for wet towels, dirty clothes
Morning tea item to share - (A packet of biscuits, home baking, fruit or healthy snacks)

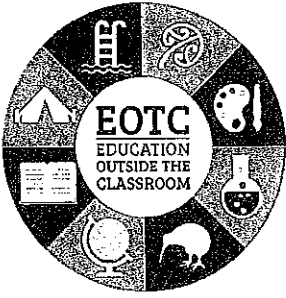
Please do not bring:

Electronic games, devices etc.
Mobile phones
Other food
Fancy clothes or shoes
Spray deodorant

Books and games:

You can bring a book to read
A pack of cards or similar small non electronic game

Remember to name all your items



Windy Ridge School

PARENTAL CONSENT FOR EOTC ACTIVITY EMERGENCY CONTACTS & RISK ACKNOWLEDGEMENT

To be accompanied by the Information cover letter and Health Profile forms.

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

School/group	Team Tui Camp		
Start date	17 th September 2018	Time	9am
Finish date	19 th September 2018	Time	3pm
Location	Carey Park Camp, Henderson Valley		

PARTICIPANT INFORMATION FORM

Student name _____

Address _____

Phone number _____ Mobile _____

Year or class level _____ Age _____

Family doctor name _____ Phone # _____

Community Services card number (if applicable) _____

Medic Alert number (if applicable) _____

EMERGENCY CONTACT DETAILS

Contact 1: Emergency Contact

Name _____ Relationship _____

Address _____

Day phone _____ Evening phone _____ Mobile _____

EMERGENCY CONTACT DETAILS

Contact 2: Alternative Contact

Name Relationship

Address

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Day phone Evening phone Mobile

TO BE READ AND SIGNED BY THE ADULT VOLUNTEER, OR PARENT/CAREGIVER OF THE CHILD PARTICIPANT

Parental Consent

I agree to my child / myself taking part in the EOTC event and have received sufficient information on which to base this decision. I agree to their / my participation in the activities described. I acknowledge a need for them / me to behave responsibly.

Acknowledgement of Risk

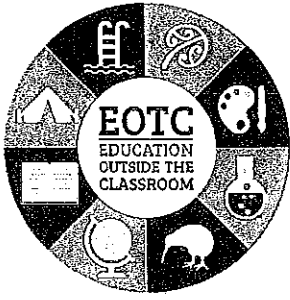
- I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.
- I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards.
- I understand that my child has been involved in the development of safety procedures. I will do my best to ensure that I / my child follow these procedures.
- I know that I am able to ask any questions of the school about the activities that I / my child will be involved in, to gain a better understanding of the risks involved.
- I recognise that participation in such activities is voluntary and not mandatory through a "challenge by choice"* procedure. My child and I both understand that I / they may withdraw from an activity if I / they feel at risk. This must be done in consultation with the person in charge.
- I understand that the school does not accept responsibility for loss or damage to personal property, and that it is my responsibility to check my own insurance policy.

* "Challenge by choice" means the participant chooses their own level of challenge within a supportive peer environment.

Name

Signature

Date



Windy Ridge School

HEALTH PROFILE & MEDICAL CONSENT

To be accompanied by the Information for Parents and Caregivers form and parental consent forms.

ONE FORM MUST BE COMPLETED FOR EACH PARTICIPANT, INCLUDING ADULTS.
THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT, AND A COPY RETAINED BY THE SCHOOL CONTACT.

Name: _____

Medic alert number (if applicable): _____

PLEASE TICK IF YOU HAVE ANY OF THE FOLLOWING:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any kind	<input type="checkbox"/>
Chronic nosebleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Other (please specify)	_____

For overnight events

Sleepwalking	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	Other (please specify)	_____
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MEDICATION

Are you/your child currently taking any medication? Yes No

If yes, please provide the following information:

Health condition/s _____

Name of medication/s _____

Dosage and time/s to be taken _____

Other treatment _____

Is a healthcare plan required? (This provides more detailed health info, contact info, and what to do in an emergency). Yes No

Have you had any major injuries (breaks or strains) or illness (e.g. glandular fever) in the last 6 months that may limit full participation in any activities? Yes No

If YES, please state the injury/illness: _____

ALLERGIES

Are you/your child allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>

What treatment is required?

When was your /your child's last tetanus injection?

Do you/your child have any special dietary requirements?

What pain/flu medication may your child be given if necessary?

To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last 4 weeks? Yes No

If YES, please provide brief details:

Is there any information the staff should know to ensure the physical and emotional safety of you/your child? Yes No
E.g. cultural practices, disability, anxiety, fear of heights/darkness/small spaces, pregnancy, behavioural or emotional problems

If YES, please state or attach the information:

See next page for agreement criteria and volunteer/parent's signature.

TO BE READ AND SIGNED BY THE ADULT VOLUNTEER, OR PARENT/CAREGIVER OF THE CHILD PARTICIPANT

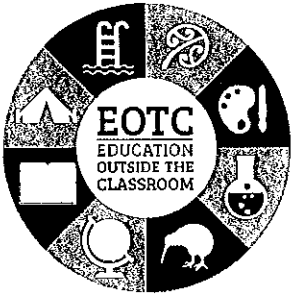
(Tick)

- I agree that if a prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened, and handed to the designated adult with instructions on its administration.
- I will inform the school as soon as possible of any changes in my/my child's medical or other circumstances between now and the commencement of the event.
- I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.

Name

Signature

Date



Windy Ridge School

EOTC STUDENT CONTRACT

To be read and signed by all participating students.

Student name

I understand that this event is an opportunity to learn new things, practise skills, and gain attitudes and values in an environment outside the classroom. I am responsible for my own learning and safety, and for the safety of others.

This means that I will:

- show courtesy and consideration to others
- follow the rules and instructions given to me by teachers, activity leaders, and assistants at the event, including during travel to and from the event
- take part in all activities within challenge-by-choice* options
- look after myself and my personal belongings
- declare medical conditions that could affect my participation in the event
- accept the rules set by the school for the event, even if they are different from the ones we have at home.

I understand that my parents/caregivers will be contacted and I may be sent home at their expense if:

- staff consider my actions unacceptable
- I breach the school's drugs and alcohol policy
- my actions put me or others in any danger.

Signature

Date

** Challenge-by-choice means the participant chooses their own level of challenge within a supportive peer environment.*

**Windy Ridge School
Camp Rules for Carey Park**

Name _____ Date _____

At all times, students are expected to follow the camp rules as below:

- Ø Listen to the teacher, parents and camp staff, and follow their instructions at all times
- Ø Stay with your group
- Ø Stop as soon as you hear the whistle
- Ø Be respectful in your actions and words to others
- Ø Show respect by listening and not talking when the teacher or an adult is speaking
- Ø Respect camp property and the environment
- Ø Always take a buddy and tell an adult where you are going
- Ø Stay within the boundaries and designated areas
- Ø Use the correct route to go to activities
- Ø Clean up after yourself and do your duties
- Ø Remain in your rooms at night and do not leave the building unless instructed by an adult
- Ø Be respectful and quiet while in the sleeping cabins and allow others to sleep
- Ø Follow camp procedures, safety rules and expectations

I agree to abide by the camp rules and understand that failing to follow them could lead to my early return home.

Signed by: _____
(Student)

Signed by: _____
(Parent/Guardian)