



CHELTENHAM EAST PRIMARY SCHOOL

YEAR 5 CAMP GOLDEN VALLEYS LODGE, FLINDERS

30 August 2017

Dear Parents

A school camp at the **Golden Valleys Lodge, Flinders** has been arranged for the children in Year 5 from **Tuesday 31 October to Friday 3 November 2017**.

The Camp

The Golden Valleys Lodge is situated at Flinders, about a two hour drive from Cheltenham. The Camp Manager and her family live at the camp site and professional staff are employed to cook meals. More information can be found on the camp website: <http://www.goldenvalleyslodge.com.au/>

Cost

The cost of the camp will be **\$340.00** which will cover accommodation, transport, excursion fees and hire of equipment. It will also cover the cost of Tree Surfing (see indemnity form attached) which the children will be participating in at the Enchanted Garden Maze on the Thursday. To finalise arrangements a School Camp Consent Form (attached) should be returned to school **no later than Friday 15th September**, together with the completed Medical Information form (also attached). Please also complete the dietary and allergy form if this is relevant to your child and note whether any medications will be required to be taken whilst on camp.

Facilities

The facilities offered at the camp are comfortable sleeping quarters (dormitory style) with en suite (hot showers & toilet facilities), table tennis room, pony stables, lecture hut, recreation hut (with stage) and dining hall. The large property is adjacent to the National Park and close to many attractions.

Transport

The children will travel by bus to the camp, **leaving on Tuesday 31 October at 9.00am and returning by 3.00pm on Friday 3 November**.

There will be a further notice shortly including a packing list noting what students need to bring and what they cannot bring.

Regards

Tim Harrison, Sue Crafti, Lauren Douch
Year 5 Teachers



CHELTENHAM EAST PRIMARY SCHOOL

YEAR 5 CAMP - GOLDEN VALLEYS LODGE, FLINDERS CONSENT FORM

PLEASE NOTE – For your child to be included in the camp list, this form must be returned by Friday 15th September 2017, together with either payment in full, or your first instalment (see payment arrangements below).

My child _____ in Grade _____ has my permission to attend the school camp at Golden Valleys Lodge, Flinders from **Tuesday 31 October to Friday 3 November 2017**.

I agree to meet the expense of my child being returned to school either by a teacher accompanying him/her and then returning to camp or by collecting my child from camp personally. I understand that such an arrangement may be necessary due to illness, injury, or, if in the opinion of the teacher in charge, there is non co-operation of any description by my child.

In the event of illness or accident, where it is impracticable to communicate with me, I authorise the teacher in charge of the camp/excursion to consent to my child receiving such medical or surgical treatment as may be deemed necessary. An ambulance may also be employed if considered necessary by the doctor or the teacher.

All expenses so incurred to be my responsibility.

Signed _____ Date: _____
(Parent/Guardian)

✂ _____

Name: Grade:

PAYMENT ARRANGEMENTS

Payment in full OR first payment 15 September 2017	\$340/\$140	Second payment 13 October 2017	\$100.00
Final Payment 27 October 2017	\$100.00		

Circle amount paid: Payment in full **\$340** OR Deposit: **\$140**

Method of payment: Qkr * Cheque Credit Card EFTPOS Cash

* preferred method of payment

Card no:

Expiry Date:

Name as it appears on card: _____

I authorise Cheltenham East Primary School to debit my account for the amount of \$ _____ Signature: _____



CHELTENHAM EAST PRIMARY SCHOOL

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YEAR 5 CAMP- FINAL PAYMENT

(due on or before Friday 27 October 2017)

Surname: _____

Student's First Name: _____ Grade: _____

TOTAL AMOUNT PAID:

\$ 100.00

Method of payment:

Qkr *

Cheque

Credit Card

EFTPOS

Cash

* preferred method of payment

Card no:

Expiry Date:

Name as it appears on card: _____

I authorise Cheltenham East Primary School to debit my account for the amount of \$ _____ Signature: _____



CHELTENHAM EAST PRIMARY SCHOOL

YEAR 5 CAMP- SECOND PAYMENT

(due on or before Friday 13 October 2017)

Surname: _____

Student's First Name: _____ Grade: _____

TOTAL AMOUNT PAID:

\$ 100.00

Method of payment:

Qkr *

Cheque

Credit Card

EFTPOS

Cash

* preferred method of payment

Card no:

Expiry Date:

Name as it appears on card: _____

I authorise Cheltenham East Primary School to debit my account for the amount of \$ _____ Signature: _____

CHELTENHAM EAST PRIMARY SCHOOL No. 4754 ABN 74 562 082 313

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Email Cheltenham.east.ps@edumail.vic.gov.au Web www.cheltenhameast.vic.edu.au

Confidential Medical Information for School Council Approved Excursions

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

Excursion/program name: Golden Valleys Lodge
Date(s): Tuesday 31 October to Friday 3 November 2017

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

Business hours

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:

Phone number:

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)
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- Bed wetting Blackouts Diabetes Dizzy spells Migraine
- Heart condition Sleepwalking Travel sickness Fits of any type
- Other: _____

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

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 (named above) _____

Date: _____

The Department of Education and Training 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.

Golden Valleys Allergy Management

Golden Valleys Lodge will provide alternative food for guests that require special dietary requirements due to allergic/anaphylactic reaction and because of religious/philosophical beliefs. We would appreciate it if you could complete this form and return to the school.

Anaphylaxis dietary requirements

Name of student _____

Peanuts

No Nuts at all

Able to have products with "May have traces of nuts"

Tree nuts

No Nuts at all

Able to have products with "May have traces of nuts"

Eggs

No cooked or raw eggs

Able to eat products with cooked eggs eg. Cakes and biscuits

Cannot have products using additive E322

Cow's Milk

No dairy products at all

Able to have cheese

Able to have yogurt

Wheat

Sesame Seeds

Shellfish

Soy

Other

Details _____

Special non anaphylaxis food requirements

Gluten Free

Requires special toaster

Fructose

Dairy Intolerance

No dairy products at all

Able to have cheese

Able to have yogurt

Egg Intolerance

No cooked or raw eggs

Able to eat products with cooked eggs eg. Cakes and biscuits

Cannot have products using additive E322

Vegetarian

Vegan

Halal

Other

details _____

**Maze Property Holdings Pty Ltd, as
trustees for the The Savage Family Trust**

**Trading as: Enchanted Adventure
Garden & Tree Surfing
Australia**

ACN 152619684
ABN 31270558664

Tree Surfing
INDEMNITY & RELEASE

1. In consideration of the acceptance of my application form and fee to Tree Surfing Australia and/or Enchanted Adventure Garden, I acknowledge that I have read and understood the terms of this Indemnity and Release and agree to be bound by the terms of same.
2. I will wear the safety equipment and climb with a high due regard to my personal safety and the safety of others including person and property.
3. I am competent to use the harness and belay equipment of the style provided.
4. I will follow any reasonable instructions from Tree Surfing Australia and/or Enchanted Adventure Garden and their staff.
5. I acknowledge that in climbing through a ropes course and its challenges there is inherent risk involved. I understand, accept and voluntarily assume any such risks involved with this activity.
6. If I am in breach of the terms of entry, I agree to recompense the appropriate party/s for all loss and damage (including legal fees) arising out of such breach, including any damage to the party's reputation.
7. I attest and verify that I am physically fit and able to participate in the stated activity and that I have not been advised by a qualified medical practitioner not to participate.
8. I agree to abide by all the rules, regulations and instructions given from time to time, governing this activity. I understand that the maximum weight limit is 120kg and the minimum height is 135cm for the Grand Course and that minors must be supervised by a responsible adult. Children under the age of 5 must be accompanied by a participating adult at a 1:1 ratio on the Nippers Course. I acknowledge that by not following these height and weight restrictions I may place myself or my child at risk of personal injury for which I will be responsible.
9. I understand and agree to abide by the restriction that children of 3 years of age or less are unable to participate in the Tree Surfing activity.
10. I agree that if the staff at Tree Surfing Australia determine, in their absolute discretion, that my conduct in participating in the ropes course has or is likely to cause injury to myself, others, damage to any property, or create a nuisance during my participation in any activity, they may cancel my participation in the activity and my entry fee may not be refunded.
11. The event has a privacy policy and the information I have provided on this form is necessary for the conducting of this activity and will only be used for the purpose of conducting this activity.
12. I consent to the publication and/or use in any form of media whatsoever of my name, image, voice, statements or otherwise, without payment or compensation.
13. I have voluntarily entered into this agreement and have read, understood and acknowledge the terms of entry including the warning, exclusion of liability, release, indemnity and information provided elsewhere in the application form.
14. Except where provided or required by law and as such cannot be excluded, I agree that it is a term of my acceptance of my application form and fee (if accepted) that for myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby:
 - (a) waive and release all legal claims, suits and demand that I may have against Enchanted Adventure Garden and Tree Surfing Australia its corporate proprietors, officers, directors, members, volunteers, employees, agents, sponsors, stakeholders, other participants, and any other persons arising out of or in respect of my involvement or participation of my activities conducted on the property of Enchanted Adventure Garden and Tree Surfing ("the releasees") including any and all claims for damages caused by negligence or otherwise, arising out of my participation in the activities, together with any costs including legal fees that may be incurred as a result of any such claim whether valid or not; and costs including legal fees that may be incurred as a result of any such claim whether valid or not; and
 - (b) indemnify and hold harmless the releasees and each of them against any such claim that I or my guests or any one or more of my executors, administrators, heirs, next of kin, successors or assigns may have or assert and against any costs including legal fees with respect to such claims.

Fair Trading (Recreational Services) Regulations 2004 (SR NO 34 OF 2004)

Schedule 2
Warning under the Fair Trading Act 1999

Under the provisions of the **Fair Trading Act 1999** several conditions are implied into contracts for the supply of certain goods and services. These conditions mean that the supplier named on this form is required to ensure that the recreational services it supplies to you are-

- rendered with due care and skill; and
- as fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances; and
- reasonably fit for any particular purpose or might reasonably be expected to achieve any result you have made known to the supplier.

Under section 32N of the **Fair Trading Act 1999**, the supplier is entitled to ask you to agree that these conditions do not apply. If you sign this form, you will be agreeing that your rights to sue the supplier under the **Fair Trading Act 1999** if you are killed or injured because the services were not rendered with due care or skill or they were not reasonably fit for their purpose, are excluded, restricted or modified in the way set out in this form.

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. "Gross negligence" is defined in the Fair Trading (Recreational Services) Regulations 2004.

I hereby acknowledge that I have read, understood and accept this agreement.

.....
[print name]

.....
[print address]

Signature..... Date.....
(Please note: you personally must sign this agreement).

DECLARATION FOR MINORS

If you are under 18 years at the time of entering the Event, this declaration MUST be signed by your parent or guardian.

I, of certify that I am the parent/guardian of

.....
who will be () years of age on the day of participation of the activity. In consideration of Tree Surfing Australia and Enchanted Adventure Garden accepting the minor's application to participate in the activity, I agree to indemnify and shall keep indemnified Tree Surfing Australia and Enchanted Adventure Garden, their corporate proprietors, employees and agents in respect of any losses they or any of them may suffer as a consequence of any claim/s by the Minor and to the same extent as any other participant indemnifies Tree Surfing Australia and Enchanted Adventure Garden pursuant to the Release and Indemnity detailed above.

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