



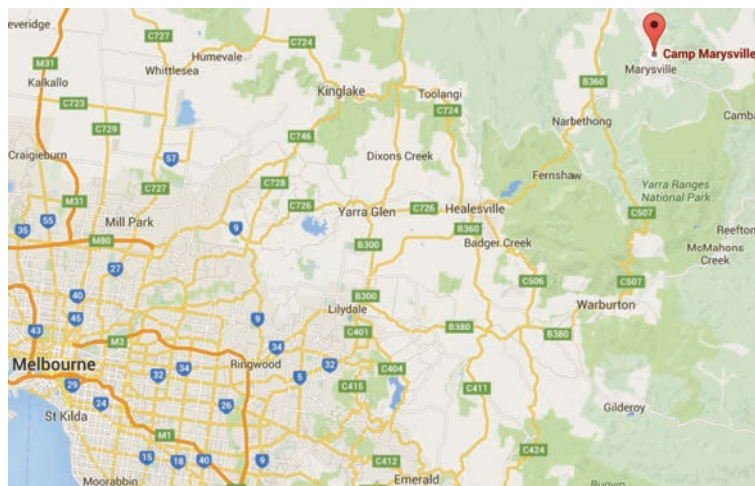
CHELTENHAM EAST PRIMARY SCHOOL

Grade 6 Camp 2017 Camp Marysville

Payment Dates and Options

Dear Parents

In Term 2, the Grade 6 students will be visiting Marysville Camp in North East Victoria. Camp Marysville is located on the outskirts of the beautiful town of Marysville at the foothills of nearby Lake Mountain, just 90 minutes drive from Melbourne. *An ideal setting for a camp and other fun activities!*



Where: **Marysville Camp**
959 Buxton-Marysville Rd,
Marysville VIC 3779

When: *Tuesday 2 May – Friday 5 May 2017*
Time: *Bus departs at **8.45am** on Tuesday*
*Return for a **3.30pm** pick up on Friday*

Please arrive at school by 8.15 am to enable a swift departure.

Cost: *\$375 which includes all food, transport, accommodation and activities*

Whilst at camp the students will be engaged in a wide variety of activities. We are very excited to be taking our students and anticipate a great week away together.

I have attached payment options plan to enable you to pay the fees in more manageable amounts before the due date. Please speak to Sue Chase in the office if you have any difficulty making these payments within the time frame.

If you have any queries, please don't hesitate to get in touch.

Kind regards,

Jason Crebbin



CHELTENHAM EAST PRIMARY SCHOOL



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

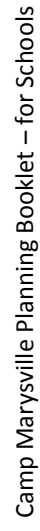
Silver Street Cheltenham Victoria 3192 Phone 03 9583 5746 Fax 03 9583 0695

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

RECOMMENDED GEAR LIST

ESSENTIAL ITEMS WHILST AT CAMP MARYSVILLE		
ITEM:	NOTES:	PACKED:
CLOTHING		
2x t-shirts		<input type="checkbox"/>
1x long sleeved shirt		<input type="checkbox"/>
2x warm jumpers	Please pack wool or polar fleece as they'll stay warm if wet	<input type="checkbox"/>
2x shorts	Mid-thigh or longer because of sun and harnesses	<input type="checkbox"/>
1x long pants	Lightweight is good. Jeans are not appropriate	<input type="checkbox"/>
Underwear	1 pair per day, plus one extra	<input type="checkbox"/>
Socks	1 pair per day, plus one extra. Thick woolen socks are great when hiking	<input type="checkbox"/>
Swimmers	Board shorts and a rash top will give best sun protection. Older clothes are preferred as canoeing is a muddy activity.	<input type="checkbox"/>
Pyjamas	Or something else to sleep in	<input type="checkbox"/>
Sunhat	Wide brim please.	<input type="checkbox"/>
Sunglasses		<input type="checkbox"/>
Beanie	It can be cold at night	<input type="checkbox"/>
Sturdy enclosed shoes	For walking, running, climbing and hiking in. Ankle support is best	<input type="checkbox"/>
Shoes (spare)	Fully enclosed shoes for water activities. Thongs, crocs, etc are not ok	<input type="checkbox"/>
BEDDING / PERSONAL		
Pillow and pillow case		<input type="checkbox"/>
Sleeping bag		<input type="checkbox"/>
1x towel		<input type="checkbox"/>
Toiletries	Toothbrush, toothpaste, brush/comb, deodorant (not spray)	<input type="checkbox"/>
OTHER ITEMS		
Spare day pack	To carry your water bottle, jacket, camera, etc in	<input type="checkbox"/>
Rain jacket	Must be waterproof and have a hood	<input type="checkbox"/>
Torch	A small torch is fine. It is worthwhile bringing some spare batteries	<input type="checkbox"/>
4x garbage bags	Handy for putting wet shoes / clothes into	<input type="checkbox"/>
Sunscreen	30+ SPF	<input type="checkbox"/>
Water bottle	2x 1litre bottles (or equivalent)	<input type="checkbox"/>
Pen/pencil/notebook		<input type="checkbox"/>
Insect repellent	Not in a spray can	<input type="checkbox"/>
Camera	Optional	<input type="checkbox"/>
Medication	You must bring at least two doses of any prescribed medication	<input type="checkbox"/>
Lunch	You must bring your own lunch for day 1 of camp	<input type="checkbox"/>

ITEMS NOT TO BRING		
Jewelry		
Mobile phones	(With the exception of small digital cameras, no electronic equipment)	
MP3 players		
Junk food	All school programs are fully catered (apart from lunch on day 1) No need to bring junk food to camp	
Nuts	Our camp is 100% nut free!	





CHEL TENHAM EAST PRIMARY SCHOOL

Camp Forms

There are a number of forms to be completed and we appreciate the time that it takes you to fill these out completely and accurately.

There are **two sets of medical forms**, and many of the questions are repeated – one is a requirement of the Department of Education, the other is a requirement of the Camp operators.

While only 90 minutes from Melbourne, the camp is considered to be regional / remote, and the safety of the students is everyone's priority.

Permission & Payment	1 page	<input type="checkbox"/>
School medical form	2 pages	<input type="checkbox"/>
Camp medical form	1 page	<input type="checkbox"/>
* Asthma management form	2 pages	<input type="checkbox"/>
* Allergic reaction management form	1 page	<input type="checkbox"/>
* Fitness to participate form	1 page	<input type="checkbox"/>

*Forms marked with * are only required IF your child has a relevant medical condition.*

Medication

Please note that the camp requires **double** doses of any medication to be provided – such as Epi pens, Ventolin, etc.

Any medication needs to be clearly labelled and handed in to Mr Crebbin by Friday 28th April to be recorded and stored. This will ensure that students are given the right dose at the right time.



CHELTENHAM EAST PRIMARY SCHOOL

Grade 6 School Camp – Marysville

This form must be returned by **Friday the 24th March, 2017**

My child in Grade has my permission to attend the school camp at Camp Marysville from:

Date: **Tuesday 2nd – Friday 5th May 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.

The total cost of the camp is **\$375**.

Payment Options

- ☐ **Option One** – Pay lump sum of \$375 by **30th March 2016**
- ☐ **Option Two** – Pay in two separate instalments (*if you select the Credit Card option below these instalments will be taken automatically on the due dates*)

Instalment 1: \$200 due by Thursday 30th March 2017

Instalment 2: \$175 due by Friday 21st April 2017

Surname: _____

Student's First Name: _____ Grade: _____ Amt paid: \$ _____

TOTAL AMOUNT PAID: \$ _____

Method of payment: ☐ Cash ☐ Chq ☐ Credit Card ☐ EFTPOS (only at office) ☐ Qkr

Card

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Expiry Date:

--	--

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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

Silver Street Cheltenham Victoria 3192 Phone 03 9583 5746 Fax 03 9583 0695

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

Cheltenham East P.S. Camp Medical Information (1/2)

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: Year 6 Marysville Camp
Date(s): Tuesday 2nd May – Friday 5th April 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: _____

Cheltenham East P.S. Camp Medical Information (2/2)

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.



Student Medical Form

Confidential

The purpose of this form is to help us prepare for your child's program. This information is confidential and students will not normally be excluded for medical reasons.

SCHOOL: _____ **Form/Class:** _____

STUDENT'S NAME: _____ **D.O.B:** ____/____/____ **Male** ☐ **Female** ☐

Parent or Guardian – Primary Emergency Contact:

Name: _____ **Relationship:** _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

Medicare No: _____ Line #: _____ Valid to: _____		Doctor's Name: _____ Telephone: _____	
<u>MEDICAL HISTORY</u>	Tick Yes or No to all Questions	Additional information: <i>Details regarding: seriousness, location, date, level of recovery, self-management strategies, required support</i>	
Asthma	[] No [] Yes	If YES, complete the "Asthma Management Form"	
Allergies	[] No [] Yes	If YES, complete the "Allergic Reaction Management Form"	
Diabetes	[] No [] Yes	If YES, attach current management and camp care plan. A Fitness to Participate form signed by treating doctor will also be required.	
Epilepsy	[] No [] Yes	If YES, a Fitness to Participate form signed by treating doctor will also be required. Include information on triggers, last episode, medications.	
Joint/Muscle/Skeletal issues?	[] No [] Yes		
Sight/Hearing impairment	[] No [] Yes		
Any serious injuries/illness in the last 12 months?	[] No [] Yes	<i>Date and Nature of injury/illness</i>	
Is your child currently on any medications?	[] No [] Yes	<i>Name of medication, reason, dosage and requirements (e.g. with food, AM or PM)</i>	
Other: medical condition(s) that may affect participation?	[] No [] Yes	<i>Any physical health issue(s) that require attention or specific support</i>	
Other: learning, psychological, emotional or behavioural issues?	[] No [] Yes	<i>Any concern(s) that require attention or specific support (e.g. management strategies for a successful experience)</i>	
<u>DIETARY</u>			
Any special requirements?	[] No [] Yes	<i>Details to assist in menu planning (e.g. vegetarian, will eat fish; gluten-free, separate stove), including any food allergies</i>	

<u>SWIMMING ABILITY</u>	[] No	[] with a struggle	[] Comfortably	[] Strongly
My child can swim 50 metres				

Please note: OEG may require, after reviewing this information, that your child visits a doctor to gain approval to participate. This will be determined after this form is received by OEG and in consultation with you

Office use only:

I declare that the information which I have provided on this form is complete and correct and that I will notify the school if any changes occur. I authorise the teacher or any employee of the Outdoor Education Group who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for OEG to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the OEG website: (oeg.org.au).

Name: _____ **Signed:** _____ **(Parent/Guardian) Date:** _____

Photograph Consent: I consent to my child being photographed and/or visual images of my child being taken during activities, for use in OEG publications, on the OEG website, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. *(Strike out this sentence if you do not consent)*

Student Evaluation Consent: I give consent for my child to complete the pre and post program course evaluation survey as part of the Outdoor Education Group continuous improvement process. Survey available at oeg.org.au. *(Strike out this sentence if you do not consent)*



Asthma Management Form

Confidential

Participant's Name:

Name of doctor treating the participant for this condition:

Doctor's Contact Phone Number:

1) USUAL ASTHMA ACTION PLAN

Usual signs of participant's asthma:

☐ Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other _____

Signs participant's asthma is getting worse:

☐ Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other _____

Participant's Asthma Triggers:

☐ Cold/flu ☐ Exercise ☐ Smoke ☐ Pollens ☐ Dust ☐ Other (please describe) _____

ASTHMA MEDICATION REQUIREMENTS (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer and spacer, turbuhaler)	When and how much? (e.g. one puff in morning and night, before exercise)

Does the participant need assistance taking their medication? Yes No If yes, how? _____

Any other information that will assist with the asthma management of the participant while on camp

(e.g. peak expiratory flow, night time asthma or recent attacks)

2) ASTHMA FIRST AID PLAN (Please tick preferred Asthma First Aid Plan)

☐ **School Asthma Policy for Asthma First Aid**

Step 1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone.

Step 2 Give medication

- Shake the blue reliever puffer
- Use a spacer if you have one
- Give 4 separate puffs into a spacer
- Take 4 breaths from the spacer after each puff

*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer.
Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them.

Step 3 Wait 4 minutes

- If there is no improvement, repeat step 2.

Step 4 If there is still no improvement call emergency assistance (**DIAL 000**).

- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse.



OR

☐ **Participant's Asthma First Aid Plan** (if different from above)

- In the event of an asthma attack, I agree to the participant receiving the treatment described above.
- Notify in writing if there are any changes to these instructions.

3) KEY QUESTIONS

a.	Has the participant required hospitalization due to asthma in the past 12 months?	NO	[]	YES	[]
b.	Has the participant been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, Betamethasone, etc.)?	NO	[]	YES	[]
c.	Has the participant suffered sudden severe asthma attacks requiring hospitalization within the past 12 months?	NO	[]	YES	[]

4) IMPORTANT NOTE

If any of the "KEY QUESTIONS" a, b, or c above are answered "Yes", the decision for the participant to attend rests with their doctor. A "Fitness to Participate" form must be completed by the doctor (attached). Please bring this form to the doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct and that I will notify the school if any changes occur. I further declare that if my child (or I for adults) is/am unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the OEG website: (oeg.org.au).

Name: _____ **Signature:** _____ **Date:** _____



Allergic Reaction Management Form

Confidential

If necessary, seek the advice of your doctor when completing this form.

A DOUBLE DOSE OF ALL REQUIRED MEDICATION FOR THE PARTICIPANT'S ALLERGIC REACTION MUST BE BROUGHT ON THE COURSE AND NOTED ON THE MEDICAL FORM (e.g. if Epi-Pens or any other type of Auto Injector is required two must be supplied and brought on program).

Student's Name:

Name of doctor treating the student for this condition:

Doctor's Contact Phone Number:

1. What is the student allergic to?

- Please Specify:

(e.g. Alex is allergic to penicillin and sulphur-based medications)

2. What are signs and symptoms of the person's reaction?

- ☐ Low - a localised reaction (e.g. rash, itching, swelling at the site the trigger/irritant enters)
- ☐ Moderate - a systemic reaction (e.g. rash, itching, swelling away from the site that trigger/irritant enters)
- ☐ Severe - an anaphylactic reaction (severe breathing problem, total body swell, emergency situation) – Note: An ASCIA Anaphylaxis Action Plan AND Fitness to Participate Form is required

Please give details:

3. What medication does the participant take (if any) for their allergic reaction?

4. Medication and treatment to be used during emergency situations:

"KEY QUESTIONS"

5.	Has the participant required hospitalisation due to allergies in the past 12 months?	NO	[]	YES	[]
6.	Has the participant suffered a systemic or an anaphylactic reaction (see question 2 for definition), to their allergy when triggered in the last 10 years?	NO	[]	YES	[]
7.	Does the person take, or has the person been prescribed adrenaline (Epi-pen or similar), when suffering an allergic reaction?	NO	[]	YES	[]

IMPORTANT NOTE:

If any of the "KEY QUESTIONS" 5, 6, or 7 above are answered "Yes", the decision for the participant to attend rests with their doctor. A "Fitness to Participate" form must be completed by the doctor (attached). Please bring this form to the doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct. I further declare that if my child (or I for adults) is/am unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the OEG website: (oeg.org.au).

Name: _____ Signature: _____ Date: _____



Fitness to Participate Form

Confidential

School Name: _____ Year Level: _____

Name of Participant: _____ D.O.B. _____

Specific Medical Condition: (e.g. Asthma, Allergies, Epilepsy, Diabetes): _____

Notes to treating doctor

This patient is scheduled to participate in an Outdoor Education program and has self-identified a pre-existing medical condition on their medical form.

Outdoor Education programs with OEG are centred in a 'semi-wilderness' setting, meaning that professional medical care may be from one to six hours away. All programs include regular physical exercise and activities may include; bushwalking (with packs), camping, cycling, rock climbing, rafting, or canoeing. We operate in all weather conditions. Should you require any further information on the program, please contact us at (03) 5770 8200 and quote the name of the client organisation and year level listed at the top of this page.

OEG staff holds Wilderness First Aid qualifications (either three or seven day minimum, depending on remoteness from professional medical assistance). This training is based on assessing and treating a patient in a remote or wilderness setting (more information available at <http://www.wms.org/>).

Doctor to complete:

Based on this information above and the patient's condition, we ask that you decide on this person's suitability to participate in the upcoming program. If approved, please include specific treatment protocols to follow in the event of an emergency.

Do you approve this participant attending an Outdoor Education program, based on their current medical condition, coupled with the demands of the program?

☐ **Yes**

☐ **No**

What treatment protocol are you willing to authorize for this patient in the case of a medical emergency, in a remote location (i.e. one or more hours away from medical care)?

What should the OEG staff managing this participant in the field be informed/aware of, in regards to the particular situation for this patient? What are the recommended parameters for participation in the activities?

Name of Doctor: _____ **Phone:** _____

Signature of Doctor: _____ **Date:** _____

I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the OEG website: (oeg.org.au)