

Principal - Craig Allibon



8 September 2022

Dear Parents

YEAR 3 AND YEAR 4 ANNUAL EXCURSION

As I have now received most confirmation attendance notes from students in Years 3 and 4, I am able to confirm the cost of the excursion as \$200.00 per student.

Thank you to those who have already sent in their deposit or started to make payments.

Please be aware that full payment must be made by Friday, 4 November 2022 (Week 4 Term 4) unless other arrangements have been made with the school office. If the cost of the excursion is preventing your child attending, PLEASE do make an appointment to come and discuss ways that we can assist you financially.

This is a wonderful experience for your children and is tied closely to the unit we have studied in school. It builds teamwork through a variety of exciting and educational activities. Please complete the attached medical note and the attached note from the High Country Camp and return them to school by Friday 21 October 2022.

Yours in Education

Jesse Kent
EXCURSION CO-ORDINATOR

CONFIDENTIAL MEDICAL INFORMATION AND AUTHORISATION FOR EMERGENCY TREATMENT FORM

Please complete and return to Mr Kent by Friday 21 October 2022.

SECTION 1: Description of Activity

Excursion to High Country Camp, 768 Tallangatta Creek Road, Tallangatta Valley, VIC 3700
Telephone Number (02) 6072 5555

Transport to camp will be: Bus – Martins Albury

Activities involved will include:

Ropes Course

Wall Activities

Flying Fox

Teacher in Charge: Mr Jesse Kent

SECTION 2: Medical Information on Participating Student

Christian Name: _____ Surname: _____

DOB: _____ Academic Year Level: _____ Gender: Female/Male

Parent's/Caregiver's Names: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____ Alternative Number: _____

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

In the event that your child should need medical attention, it would assist if you could supply the relevant information:

Medicare Number: _____

Private Health Fund: _____ Number: _____

Ambulance Cover: YES / NO

Date of your child's last Tetanus Needle: _____

As the camp is at a farm with horses and cattle, and if it has been over 5 years since your child's immunisation or last booster, parents are advised to arrange a booster and inform the school prior to the excursion.

Doctor contact details

Name: _____

Address: _____

Doctor's telephone: _____

- Any student attending the excursion with a medical problem should bring a letter from their doctor regarding treatment.
- Medication bought on the excursion should be clearly marked with the student's name, dosage and dosage time.
- Medication should be handed to Mr Kent prior to departure.
- Asthma medication is to be carried by the student.
- A record detailing date, time and dosage will be kept of all medication administered to students
- If special dietary requirements are needed, please notify Mr Kent at least 2 weeks prior to departure

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Is your child in good health? YES ☐ NO ☐

2. Does your child suffer from any chronic illnesses or disabilities? YES ☐ NO ☐
If YES please list below:

3. Has your child suffered any acute illnesses in the past 4 weeks? YES ☐ NO ☐
If YES please list below:

4. Has your child been treated by a doctor for any injury in the past 4 weeks? YES ☐ NO ☐

If YES, please obtain a medical certificate from the Doctor with instructions regarding ongoing treatment and confirming that your child is able to attend the excursion.

5. Is your child taking any form of medication? YES ☐ NO ☐
If YES please list below:

Name of Medication	Dosage	Time to be Taken	Condition/Reason

6. Does your child, suffer from:
- | | |
|--------------------------------------|--|
| 1. Asthma | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Skin Conditions | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Diabetes | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. Epilepsy, fits and blackouts | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5. Allergy to any drug or medication | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6. Allergies of any kind | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7. Heart Condition | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 8. Aids | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 9. Digestive disorders | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 10. Migraine | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 11. Hepatitis | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 12. Travel sickness | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 13. Sleepwalking | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 14. Any other medical condition | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 15. Anaphylaxis | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If YES please give details:

7. Does your child wet the bed? YES/NO How often? _____

8. Has your child had the combined booster injection? YES ☐ NO ☐

9. Has your child had the COVID vaccination YES ☐ NO ☐

10. Does your child have any special dietary requirements? YES ☐ NO ☐

If the student is on a special diet we recommend he/she bring their own appropriate foodstuffs with them on camp to supplement the 'normal' camp diet.

11. Is this the first time your child has been away from home: YES ☐ NO ☐

SECTION 3: Authorisation by Parent for Emergency Treatment

In the event of my son/daughter requiring medical attention I understand that the teacher in charge of the excursion will endeavour to contact me or my emergency contacts concerning the required action.

If in the event that this is not possible, I authorise the teacher in charge on the High Country Camp excursion to obtain on my behalf any medical assistance or other assistance that my child may require.

I also undertake to pay medical fees and/or costs of medication/drugs, which may be incurred while my child is on the excursion.

Signature: _____
Parent/Guardian

Date: _____



A: 768 Tallangatta Creek Rd
Tallangatta Valley Vic 3701
P: 02 6072 5555
E: tanya@highcountrycamp.com.au
W: www.highcountrycamp.com.au

CONSENT FORM

To be returned to HCC at least **two weeks** prior to camp arrival date.

If you would like to discuss with HCC management, the camp or any requirements for your child please call Tanya on 02 6072 5555.

School:

Camp arrival date:

Departure date:

Please complete this section and return to school by.....

Participant name:	
Participant date of birth:	
Parent/guardian name:	
Parent email:	
Parent phone number:	
Does the participant have any existing medical conditions which may be relevant to their participation? Eg. Asthma, physical disability	Specify condition and medication/management plan (if relevant) for the day.
Does the participant have ambulance cover?	Yes/No
Does the participant have any food allergies or dietary requirements?	Yes/No Specify
Is the participant allergic to anything?	
Is the participant prone to bed wetting? (We can discreetly manage bed wetting)	Yes/No

In accordance with *The Privacy Amendment (Private Sector) Act 2000*, information supplied will be treated in confidence by High Country Camp and used only for the operation of this camp.

Permission to attend

I give permission for my child to attend the High Country Camp.

I am aware that all care and responsibility will be undertaken by the management and staff of High Country Camp. I am also aware that it is a condition of my child's participation in this program that management and staff are absolved from all liability howsoever arising from injury or damage caused (whether direct, indirect, consequential or special, fatal or otherwise) arising out of my child's participation, except where such liability arises due to a negligent act or omission on the part of the management of High Country Camp.

In case of injury or illness, I authorise staff from High Country Camp to obtain any medical attention deemed appropriate, including ambulances or other rescue transport, and agree to accept full financial responsibility for all medical and related expenses.

In the event of medical or other problems arising, I agree to the information contained herein being made available to appropriate people rendering assistance or from whom advice may be appropriate.

I understand I will be contacted to pick up my child immediately (at my cost) if my child is not following safety instructions or is a danger to themselves or other participants.

In the event of my child being transported to hospital due to sickness or injury, I will promptly attend the hospital.

Covid-19 procedures

I agree if my child is unwell, has a temperature, cold symptoms or sore throat, I will not allow my child to attend to camp until the symptoms have disappeared. (It is encouraged that all students complete a Rapid Antigen Test on the day before or morning of the first day of camp.)

I agree if during camp my child becomes unwell or starts to have cold/flu symptoms, that I will promptly arrange to pick up my child when contacted by school staff.

Photo consent

I authorise High Country Camp and any person authorised by them to reproduce, publish, broadcast or do any of the acts comprised in the copyright subsisting in: photographs, films, voice recordings of my child in any form deemed appropriate by High Country Camp. I hereby release High Country Camp from all claims, demands, actions, proceedings, costs or expenses relating to or arising out of use of material.

Please note that High Country Camp cannot control whether participants take photos of each other and publish them on social media. By applying to attend High Country Camp events the applicant / applicant's parent/guardian gives consent for event photographs to be used in HCC publication & website.

Please tick the boxes if you **do not** wish the participant's images or voice recording to be used for:

HCC website ☐

Local public relations (paper, radio) ☐

HCC social media ☐

Parent/guardian signature: _____ Date: _____

Parent/guardian name: _____