POOL SWIMMING PERMISSION FORM

Whilst on the YR7 Camp students will have the opportunity during recreation time to swim in Golden Valley Lodge’s outdoor swimming pool. The pool is similar in nature to a residential pool; it is shallow at one end and deep at the other and is approximately 10m in length. All recreation pool swim sessions will be supervised by qualified staff. Clear safety expectations will be explained at the beginning of each session; any student who is identified as not following the safety instructions will be removed from the pool area.

Prior to participation in swimming it is necessary for Gleneagles staff to have knowledge of your child’s swimming and water safety abilities.

If your child wishes to be able to participate in recreational swimming please indicate on the table below their skills and knowledge with regard to swimming and water safety:

Student Name: ____________________________________________

Home Group: ____________________________________________

<table>
<thead>
<tr>
<th>Skill / Knowledge</th>
<th>Please indicate with a [√] if your child is able to complete the skill / knowledge</th>
<th>Parent Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>50m swim</td>
<td>YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>Sculling / floating / treading water for five minutes</td>
<td>YES [ ] NO [ ]</td>
<td></td>
</tr>
</tbody>
</table>

I give permission for my son / daughter to participate in supervised recreational pool swimming whilst on the YR7 Camp Golden Valley Lodge.

Parent Signature: ___________________________________ Date: ____________________

** Students will not be permitted to participate in recreational pool swimming without signed parent consent

Matt Neal
Organising Teacher

Sue Peddlesden
College Principal
ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan
☐ Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

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 steps 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

☐ Student’s Asthma First Aid Plan (if different from above)

• Please notify me if my child regularly has asthma symptoms at school.
• Please notify me if my child has received Asthma First Aid.
• In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
• I authorise school staff to assist my child with taking asthma medication should they require help.
• I will notify you in writing if there are any changes to these instructions.
• I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent’s/Guardian’s Signature: ________________________________ Date___/___/___

Doctor’s Signature: ________________________________ Date___/___/___

For further information about the Victorian Schools Asthma Policy or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or visit www.asthma.org.au

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SCHOOL ASTHMA ACTION PLAN

This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or if you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).

STUDENT'S PERSONAL DETAILS

Student's Name_________________ Gender M F  
Date of Birth __/__/__  Form/Class_________ Teacher__________________________  
Ambulance Membership Yes  No  Membership No.__________________________  
What other health management plans does this student have, if any? ________________________________  
Emergency Contact (e.g. parent/carer)  
Name_________________ Relationship_________________  
Ph: (H)_________________ (W)_________________ (M)_________________  
Doctor_________________ Ph:_________________  

PHOTO

USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma:

☐ Wheeze  ☐ Tight Chest  ☐ Cough  ☐ Difficulty breathing  ☐ Difficulty talking  ☐ Other__________  

Signs student's asthma is getting worse

☐ Wheeze  ☐ Tight Chest  ☐ Cough  ☐ Difficulty breathing  ☐ Difficulty talking  ☐ Other__________  

Student's Asthma Triggers

☐ Cold/flu  ☐ Exercise  ☐ Smoke  ☐ Pollens  ☐ Dust  ☐ Other__________  

Asthma Medication Requirements  (including relievers, preventers, symptom controllers, combination)

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Ventolin, Flixotide)</th>
<th>Method (e.g. puffer &amp; spacer, turbuhaler)</th>
<th>When and how much? (e.g. 1 puff in morning and night, before exercise)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the student need assistance taking their medication? Yes  No  If yes, how?__________________

Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this student they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise they should:

1. Stop the exercise or activity and refer to the student's asthma first aid plan (on back page). If their symptoms reoccur, recommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/carer any incident.

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Camps/Tours Consent Form

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Street:</td>
<td>Suburb:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Health Insurance Fund:</td>
<td>Contribution No.:</td>
</tr>
</tbody>
</table>

**Parent or Guardian’s Consent:**

I agree to my child’s attendance on the ......................... and to his/her taking part in any excursion arranged for students in connection with the camp/tour program. I am aware of the arrangements for the conduct of the camp, and while I appreciate the efforts made by the school to minimise the possibility of injury, I understand the camp involves some activities which involve risk.

In the event of any illness or accident to my child, I authorise the obtaining on my behalf, where it is impracticable to communicate with me, such medical or surgical treatment as may be deemed necessary. I accept responsibility for payment of any expenses thus incurred.

In the event of my child being unable to accompany the rest of the group home due to ill health or accident, I will make the necessary arrangements for his/her return.

I accept the school’s right to withhold permission for my child’s participation in this camp/tour if his/her behaviour at school or on previous excursions warrants such action.

**Cancellation:**
The school reserves the right to cancel the camp/tour for any reason.

**Withdrawal:**
In the event of a student’s application being withdrawn prior to the commencement date of the camp/tour, the school reserves the right to make a refund only where a reasonable written excuse for withdrawal is offered.

If the behaviour of your child in unacceptable he/she will be sent home immediately by the available means of transport at your expense. You will be contacted before this action is taken.

Parent’s signature:  
Date

---

**Student’s Undertaking:**

I hereby undertake that while travelling to and from the camp/tour, and while in attendance thereat, I shall behave in a good and proper manner and shall observe all the camp rules.

Student’s Signature  
Date

---

**Student safety**
DEPARTMENT OF EDUCATION

Confidential Medical Information for School Council approved School Excursions
(Please complete and return as soon as possible)

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Child’s Name: ____________________________

Date of Birth: ____________________________ School Year: ____________________________

Parent’s/Guardian’s Full Name: ____________________________

Address: ____________________________________________ Postcode: ____________________________

Emergency Telephone: ____________________________

After Hours: ____________________________ Business Hours: ____________________________

Name and Address of Family Doctor: ____________________________

Medicare No: ____________________________

Medical/Hospital Insurance Fund: ____________________________ Contribution No: ____________________________

Please tick if your child suffers any of the following:

- [ ] Bed wetting
- [ ] Fits of any type
- [ ] Heart condition
- [ ] Asthma
- [ ] Diabetes
- [ ] Dizzy
- [ ] Sleepwalking
- [ ] Blackouts
- [ ] Migraine
- [ ] Travel sickness

Other: ____________________________

Allergies to:

- [ ] Penicillin: ____________________________ Other drugs: ____________________________
- [ ] Any foods: ____________________________ Other: ____________________________

What special care is recommended?

- [ ] Tetanus Immunisation – Year of last immunisation ____________________________ (Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

Tablets and Medicines – Is your child presently taking tablets and/or medicine? YES/NO

If YES, please state name of medication, dosage etc

All medication must be handed to the teacher in charge prior to leaving. All containers must be labeled with your child’s name, the dose to be taken and when it should be taken. (These will be kept in the first-aid centre and distributed as required). If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

Previous Experience – Is this the first time your child has been away from home? YES/NO

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorize the teacher in charge to:

- [ ] Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- [ ] Administer such first-aid as the teacher in charge may judge to be reasonably necessary

Signature of Parent/Guardian: ____________________________ Date: ____________________________

The Department of Education requires this consent to be signed for all students attending school excursions.

Note: Parent/guardians should provide written approval prior to their child taking part in any excursion.
CAMP FOOD REQUIREMENTS

Catering for all individuals whilst on camp is a difficult task.

To assist the cook with catering correctly for you, **YOU MUST ACCURATELY COMPLETE THE TABLE BELOW** indicating your specific dietary requirements:

**STUDENT NAME:**

<table>
<thead>
<tr>
<th>I CANNOT EAT... (please tick)</th>
<th>BECAUSE I AM... (please tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEEF</td>
<td>Vegetarian</td>
</tr>
<tr>
<td>PORK</td>
<td>Vegan</td>
</tr>
<tr>
<td>CHICKEN</td>
<td>Religious</td>
</tr>
<tr>
<td>LAMB</td>
<td>Allergic</td>
</tr>
<tr>
<td>FISH / SEAFOOD</td>
<td>Other</td>
</tr>
<tr>
<td>NUTS</td>
<td></td>
</tr>
<tr>
<td>OTHER (please list below)</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ___________________________ Date: ____________

Parent / Guardian Signature: ___________________________ Date: ____________
CAMP PARTICIPATION AGREEMENT

In order for students to attend a camp, several prerequisites must be adhered to prior to departure.

1. Payment of the camp must have been made in full
2. The medical form must be completed and returned
3. The behavioural contract must be completed and returned

Students are expected to adhere to the student code of contact whilst on the camp in a manner consistent with the school rules and specific camp safety rules. In particular students must not:

- Behave in such a way as to constitute a danger to the health of any staff member, student or any other person assisting in the conduct of school activities.
- Commit any act of violence or cause significant damage or destruction to property, or is knowingly involved in the theft of property.
- Possess, use or deliberately assist others to use illegal drugs or prohibited substances.
- Fail to comply with any reasonable and clearly communicated instruction of a teacher or supervisor.
- Behave in a way that threatens the good order of the school’s program or facility.

It is assumed that all students will adhere to these behavioural standards and act sensibly. Should disciplinary measures be necessary, a graded series of consequences in order of severity exist including being sent home immediately from the camp at the parent’s expense. Parents will be contacted before such action is taken.

- The school has the right to withhold permission for a student’s participation in any activity if his/her behaviour at school or on previous excursions warrants such action.
- In the event of the student’s application being withdrawn prior to the commencement date of the camp, the school reserves the right to make a refund only where a reasonable written excuse for withdrawal is given.
- In the event of a student being unable to accompany the rest of the group home due to ill health or accident, parents will make the necessary arrangement for his/her return home at their expense.

Please ensure you read the above carefully and contact either the Assistant Principal or relevant Student Manager at school if you have any queries.

BEHAVIOUR DECLARATION

I __________________________ of Year ______ have read the above participation agreement and agree to behave in accordance with the school/camp rules and abide by the teacher’s instructions for my own safety and the safety of others.

Signature: ___________________ Date: ___________________
(Student)

I __________________________ as Parent/Guardian of the student above have read the agreement. I expect my son/daughter to behave in a good and proper manner, in accordance with the Student Code of Conduct (as published in the school planner), to carry out any instructions given by the Teacher in Charge and agree to meet any expenses, including the expense of him/her being returned home, if these codes are breached.

Signature: ___________________ Date: ________________
(Parent/Guardian)