GLENEAGLES ORIENTATION CAMP

As part of the Transition Program, all Year 7 students will have the opportunity to attend an Orientation Camp early in the year.

The camp, which runs for three days, will be held at the Golden Valley Lodge, Flinders. While on camp, students will participate in activities such as swimming, archery, volleyball, orienteering, night walks, flying fox, a giant swing and kite making.

More importantly, they will have the chance to make new friends and get to know their class teachers.

Students will attend one of the three day camps which are booked for Monday 29th February 2016 – Wednesday 2nd March, 2016 and Wednesday 2nd March, 2016 to Friday 4th March, 2016.

The cost of the camp, which includes all transport, meals, accommodation and activities, is $230.00.

If you have not already done so, a $100 deposit is required to be paid to the Bursar’ Office. The balance of any outstanding payment is to be paid by Friday 19th February, 2016.

Attached are several forms, which need to be returned with your final payment or if already paid to the Year 7 Team Leaders office.

We would encourage every Year 7 student to attend the camp. Please contact the College Bursar to discuss payment options on 9708 1319.

If you have any questions or concerns regarding payment or any other matter regarding the Year 7 camp please do not hesitate to contact Andrew Barker (Junior Sub School Leader) on Tel.: 9708 1319.
**Department of Education and Early Childhood Development Proforma**

**Parent Excursion Consent**

To obtain effective consent, schools need to provide sufficient information to parents about the nature of and risks associated with the excursion. Parents must be able to give informed consent to their child's participation in the excursion after considering the risks. Specific information about the excursion should be included here or provided as an attachment. There must be full disclosure. Parents should also be given the opportunity to ask questions.

A risk assessment of all adventure activities must be completed and submitted to the school council as part of the approval process.

<table>
<thead>
<tr>
<th>Name of school:</th>
<th>Gleneagles Secondary College</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of excursion:</strong></td>
<td>2016 Year 7 Orientation Camp</td>
</tr>
<tr>
<td><strong>Educational purpose of the program:</strong></td>
<td>What do you hope the students will learn from the experience? The purpose of the camp is for students to establish positive relationships with their peers and teachers</td>
</tr>
<tr>
<td><strong>Details of supervising staff:</strong></td>
<td>Name all staff and indicate who the teacher-in-charge is. ABA (plus more to be confirmed in 2016.</td>
</tr>
<tr>
<td><strong>Costs:</strong></td>
<td>Include all foreseeable program and incidental costs as well as the refund policy. The cost of the camp is $230. This covers all costs - transport, meals, all activities and accommodation.</td>
</tr>
<tr>
<td><strong>Name and contact details of the 24-hour school emergency contact:</strong></td>
<td>This is for parents who need to contact students during the program. You can list more than one contact. Andrew Barker 0421 770 705</td>
</tr>
<tr>
<td><strong>Departure details</strong></td>
<td>Include the time, date and place where students depart for the excursion.</td>
</tr>
<tr>
<td>Camp 1 - Depart Gleneagles at 9:00am on Monday 29th of February. Travel via bus to Golden Valleys Lodge, 151 Baldrys Road, Flinders.</td>
<td></td>
</tr>
<tr>
<td>Camp 2 - Depart Gleneagles at 9:00am on Wednesday 2nd of March. Travel via bus to Golden Valleys Lodge, 151 Baldrys Road, Flinders.</td>
<td></td>
</tr>
<tr>
<td><strong>Return details</strong></td>
<td>Include the time, date and place where students return from the excursion.</td>
</tr>
<tr>
<td>Camp 1 - Depart Golden Valleys Lodge at 1pm on Wednesday 2nd of March. Travel via bus to Gleneagles Secondary College, Reema Blvd, Endeavour Hills.</td>
<td></td>
</tr>
<tr>
<td>Camp 2 - Depart Golden Valleys Lodge at 1pm on Friday 4th of March. Travel via bus to Gleneagles Secondary College, Reema Blvd, Endeavour Hills.</td>
<td></td>
</tr>
<tr>
<td><strong>Distance from expert medical care:</strong></td>
<td>How far the students will be away from expert medical care (eg. hospital or ambulance)? Closest Hospital In Rosebud Hospital (12.7km)</td>
</tr>
<tr>
<td><strong>Accommodation arrangements:</strong></td>
<td>Type of accommodation eg. campsite, tents, caravan park etc</td>
</tr>
<tr>
<td>On site cabin accommodation.</td>
<td></td>
</tr>
<tr>
<td><strong>Travel arrangements:</strong></td>
<td>How will students be transported to, during and from the program? Bus – see details above.</td>
</tr>
<tr>
<td><strong>Adventure activities to be undertaken or that may be offered to students throughout the program:</strong></td>
<td>List proposed activities as well as any alternative or back-up activities planned.</td>
</tr>
<tr>
<td><strong>Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented - along with other strategies - to manage the potential risks in the program.</strong></td>
<td>Giant swing - Students will be supervised by a qualified Golden Valleys Lodge staff member. Swimming - Students will be supervised by a qualified staff member in the onsite swimming pool. Flying Fox - Students will be supervised by a staff member at the flying fox. Low Ropes - Students will be supervised by a staff member at the low ropes course. Initiative / Team games - students will be supervised by staff during these games. A qualified first aid trained staff member will be available in case of injury.</td>
</tr>
</tbody>
</table>
A risk management plan for this program has been developed by staff and is available for parents to review on request.

Attachments

- Daily itinerary
- Group equipment list (if relevant)
- Clothing list
- Medical form
- Further location descriptions (if applicable)

Student behaviour

'I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

ICT/Photograph consent

'I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.' [Strike out if you do not consent]

'I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.' [Strike out if you do not consent]

Consent for emergency transportation

'In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.'

Student accident insurance

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Andrew Barker
Organising Teacher

Sue Peddlesden
College Principal

Parent consent

I have read all of the above information provided by the school in relation to the Year 7 Orientation camp, including any attached material.

I give permission for my daughter/son ________________________________ (full name) to attend.

Parent/guardian: ________________________________ (full name)

__________________________________________ (signature) __________ (date)

In case of emergency I can be contacted on:

__________________________________________ OR:

__________________________________________

Note: Parents should also complete the 'Confidential medical information for school council approved school excursions'.
POOL SWIMMING PERMISSION FORM

Whilst on the YR 7 Orientation Camp students will have the opportunity during recreation time to swim in the Golden Valleys Lodge 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: ______________________________

Homegroup: _______________________________

<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 Study at Golden Valleys Lodge from Monday 29th Feb – Wednesday 4th Feb 2016 or Wednesday 4th February – Friday 6th February.

Parent Signature: ___________________________ Date: __________________

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

Andrew Barker
Junior School Leader

Sue Peddlesden
Principal
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 Conduct whilst on the camp in a manner consistent with the College 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 College 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 College 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 Mr. Andrew Barker (Junior Sub School Leader) at school if you have any queries.

BEHAVIOUR DECLARATION

__________________________________________________________
(name of student) 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)

__________________________________________________________
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)
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.

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Excursion/program name: 2016 Year 7 Orientation Camp  
Date(s): Monday 29th of February to Wednesday 2nd of March.  
Wednesday 2nd of March to Friday 4th of March.

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:  

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Published April 2015
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.
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 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: __________________

**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, Fluticasone)</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>
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<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 recur 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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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
  *You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer
- Take 4 breaths from the spacer after each puff
  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)

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) 9328 7088, toll free 1800 648 130, or visit www.asthma.org.au

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

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

**STUDENT NAME:** _________________________  **HG:** __________

<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: __________